

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 080390 A	
2. NAME OF OPERATOR El Paso Exploration Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 4289, Farmington, New Mexico 87499-4289		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1190' South, 890' East		8. FARM OR LEASE NAME Blanco 29-12 Com	
14. PERMIT NO.		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5596' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T-12N, R-12-W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

July 3-16, 1984:

Cut off tubing at 5253'. Could not latch on to tubing stub with tubing patch.
Layed down tubing. Ran 16 joints of 2 3/8" tubing (503.44) set @ 514.44.

RECEIVED
JUL 24 1984
OIL CON. DIV.
DIST. 3

RECEIVED
JUL 18 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

18. I hereby certify that the foregoing is true and correct

SIGNED Loren W. Fethergill TITLE Production Engineer DATE July 17, 1984

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE July 18 1984

JUL 23 1984

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY [Signature]