Form 3160-5 (November 1983) (Formerly 9-331)

16.

TEST WATER SHUT-OFF

8-19-85

FRACTURE TREAT

SHOOT OR ACIDIZE

UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on re-

NOTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON®

SUBMIT IN TRIPLICATE.

Budget Bureau No. 1004-0135

Expires August 31, 1085

5. LEASE DESIGNATION AND SERIAL NO. SF 077764

REPAIRING WELL

ALTERING CARING

BUREAU OF LAND MANAGEMENT	LED	SF 077764
SUNDRY NOTICES AND REPORTS ON WELLS	4	6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Use "APPLICATIO	N FOR PERMIT—" for such o bpc (s.)	085
OIL GAS WELL OTHER	N FOR PERMIT—" for such a bpt)	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR El Paso Nat	cural Gas Company	8. FARM OR LEASE NAME Schumacher
3. ADDRESS OF OPERATOR Post Office	Box 4289, Farmington, NM 8	9. WELL NO. 1499 10A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 940 'S, 900 'E		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
		11. SEC., T., R., M., OR BLK. AND Sec. 18, 1-30-N, R-10-W N.M.P.M.
14. PERMIT NO. 15	. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	6419'GL	San Juan NM

Spud Well REPAIR WELL CHANGE PLANS (Norz: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) *

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

Spudded well at 10:00 a.m. 8-19-85. Drilled to 215'. jts. 9 5/8", 32.3#, H-40 surface casing set at 215'. Cemented with 110 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (130 cu.ft.). Circulated to surface. WOC 12 hours. Tested 600#/30 minutes, held ok.

WATER SHCT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING



OIL CON. DIV.

DIST. 3

18. I hereby certify that the foregoing is true and correct	Drilling Clerk	8-19-85 — DATE
(This space for Federal or State office use)		ACCEPTED FOR RECORD
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE
*C-	- Industrians on Poyens Side	FARMING ON RESOUNCE AREA

NMOCC

BY.....