

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
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.)

RECEIVED  
AUG 27 1985  
BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 078200A
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		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 790'S, 890'E		8. FARM OR LEASE NAME Grambling C
14. PERMIT NO.		9. WELL NO. 1A
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6315' GL		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
		11. SEC., T., R., M., OR BLK. AND SUBSECTOR Sec. 14, T-30-N, R-10-W N.M.P.M.
		12. COUNTY OR PARISH 13. STATE San Juan NM

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 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"/>	Spud Well	<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.)

8-26-85 Spudded well at 9:15 a.m. 8-26-85. Drilled to 224'. Ran 5 jts. 9 5/8", 32.3#, H-40. surface casing set at 224'. Cemented with 145 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (171 cu.ft.). Circulated to surface. WOC 12 hours. Tested 600#/30 minutes, held ok.

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

SIGNED Peggy Oak

TITLE Drilling Clerk

DATE 8-27-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD  
DATE \_\_\_\_\_

\*See Instructions on Reverse Side