

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.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER		7. UNIT AGREEMENT NAME San Juan 32-5 Unit
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME San Juan 32-5 Unit
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		9. WELL NO. 106
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 655'S, 1685'W		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coa
14. PERMIT NO.		11. SEC. T. R. M. OR B.L. AND SURVEY OR AREA Sec. 26, T-32-N, R-06-N.M.P.M.
15. ELEVATIONS (Show whether OF, BT, GR, etc.) 6386'GL		12. COUNTY OR PARISH 13. STATE Rio Arriba NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Running Casing ☐	

(Other) _____

(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.) *

CORRECTED COPY

11-03-88 TD 3184'. Ran 8 jts. 4 1/2", 10.5#, K-55 casing liner, 285' set @ 3184'. Float shoe set @ 3184'. Top of liner hanger @ 2899'. Cemented w/100 sks. Class "B" with 3% calcium chloride (21 cu.ft.), reversed to surface.

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Regulatory Affairs ACCEPTED FOR RECORD 11-15-8
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE APR 27 1989
CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA
BY [Signature]

*See Instructions on Reverse Side