

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                                      | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-03780                                      |
| 2. NAME OF OPERATOR<br>El Paso Natural Gas Company  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| 3. ADDRESS OF OPERATOR<br>PO Box 4289, Farmington, NM 87499   | 7. UNIT AGREEMENT NAME<br>San Juan 32-5 Unit   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface 655'S, 1685'W | 8. FARM OR LEASE NAME<br>San Juan 32-5 Unit  |
| 14. PERMIT NO.  | 9. WELL NO.<br>106   |
| 15. ELEVATIONS (Show whether OF, RT, GL, etc.)<br>6386'GL   | 10. FIELD AND POOL, OR WILDCAT<br>Basin Fruitland Coal                               |
|   | 11. SEC. T., R., M., OR BLK. AND<br>SURVEY OR AREA<br>Sec. 26, T-32-N, R-6-W<br>NMPM |
|   | 12. COUNTY OR PARISH<br>Rio Arriba   |
|   | 13. STATE<br>NM  |

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETION <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"/>             |   |

|  |  |
|--|--|
| 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"/>               |  |

(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.) \*

Please correct the well completion report and log as follows:

top of Pictured Cliffs - 3172'

Type electric and other logs run: DIL, FDC-HRL, CNT, NGT, LDT-CNL.

Note: E-logs were run after an unsuccessful open hole completion attempt.

RECEIVED

FEB 1 8 1990

OIL CON. DIV.  
DIST. 3

ACCEPTED FOR FILE

FEB 1 1990

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

SIGNED

*[Signature]*

TITLE

Regulatory Affairs

DATE

12-5-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE