

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>SF 078040                                |
| 2. NAME OF OPERATOR<br>El Paso Natural Gas Company   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 4289, Farmington, New Mexico  |  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>830'S, 1600'E |  | 8. FARM OR LEASE NAME<br>Mudge  |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>#42  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>5898' GL   |  | 10. FIELD AND POOL, OR WILDCAT<br>Blanco Pictured Cliff                         |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>NMPM<br>Sec. 11, T31N, R11W |
|  |  | 12. COUNTY OR PARISH<br>San Juan  |
|  |  | 13. STATE<br>New Mexico   |

16. 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"/> | WATER SHUT-OFF <input type="checkbox"/>   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>         | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>       | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>  | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/>         | (Other) <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.)\*

It is requested that a temporary packer be set at 2500' to isolate a suspected casing leak. The well will be produced for 90 days and then shut in until the well is permanently repaired or plugged and abandoned.

Verbal approval given Loren W Fothergill w/ El Paso  
on 10/30/84

RECEIVED  
NOV 26 1984  
OIL CON. DIV.  
DIST. 3

RECEIVED  
OCT 30 1984  
BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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

SIGNED Loren W Fothergill TITLE Sr. Production Engineer DATE October 30, 1984

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_  
NMCCO

DATE OCT 30 1984  
M. MILLENBACH  
AREA MANAGER

\*See Instructions on Reverse Side