Form 3169-5 (November 1983) (Formerly 9-331)	DEPARTMENT OF	STATES F THE INTERIC ND MANAGEMENT	SUBMIT IN TRIPLICATE (Other instructions on reconstructions) (Other instructions)	Evniras Aumie	No. 1004-0135 t 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.)				6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
1. OIL GAS [V]				7. UNIT AGREEMENT N	7. UNIT AGREEMENT NAME	
WELL WELL A OTHER 2. NAME OF OPERATOR				8. FARM OR LEASE NA	8. FARM OR LEASE NAME	
El Paso Natural Gas Company				Mudge	Mudge	
3. ADDRESS OF OPERATOR				9. WELL NO.		
P.O. Box 4289, Farmington, New Mexico 87499 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 830'S, 1600'E				1	10. FIELD AND POOL, OR WILDCAT	
				Blanco PC 11. SEC., T., B., M., OR SURVEY OR ARE.	Blanco PU 11. SEC., T., E., M., OR ELE. AND SURVEY OF AREA NMPM	
	- 1 N - 2 1 投 4				Sec. 11, T31N, R11W	
14. PERMIT NO.	15. ELEVAT	TONS (Show whether DF, F		12. COUNTY OR PARISI		
		58981 GL TO	TOTAL TOP A TIPE	San Juan	New Mexico	
16.	Check Appropriate	Box To Indicate Na	ture of Notice, Report, or	Other Data		
	NOTICE OF INTENTION TO:				UBNT REPORT OF:	
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTE MULTIPLE CO ABANDON® CHANGE PLAN	MPLETE	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report resul Completion or Recom	REPAIRING (ALTERING (ABANDONME Its of multiple completion appletion Report and Log fe	CASING CAT'S ON Well	
11-05-84:		t 2622.22'. Th	l joints of 1 1/4" ne Baker model C-1 ail pipe.			
				m ecen		
				MOV 0 9 19	3 4	
				OIL CON.	nw -	
				011. 0074. DIST. 3	best C V P	
18. I hereby certify that	the foregoing is true and co	-11	Declination France	01 - J ² 11£	1) FOR 1984	
SIGNED dores	w rethery	TITLE Sr.	Production Engineer	DATE NOVE	mider 6, 1984	
(This space for Fede	ral or State office use)			NO	y C	
APPROVED BY CONDITIONS OF A	PROVAL, IF ANY:	TITLE		DATE	eta kana zabera e	

*See Instructions on Reverse Side