

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. SF 078040
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Federal
3. ADDRESS OF OPERATOR P. O. Box 1492, El Paso, Texas 79978		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 830 S, 1600 E		8. FARM OR LEASE NAME Mudge
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5898 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		9. WELL NO. #42 PC
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Picture Cliff
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-31-11
		12. COUNTY OR PARISH San Juan
		13. STATE N.MEX.

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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>wating on approval of forms filing</u>	
(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.)*

The well has ben shut in over 90 days for filing forms and wating on approval.

The well was turned on September 12, 1985.

Telephone report by Jim Minnick to John Keller at 2:21 P.M., September 17, 1985.

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

SIGNED Jim Minnick TITLE Production Coordinator DATE 9-17-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 08 1985

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY Sm