

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. MOO-C-1420-0626	
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		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 1020'S, 1870'E		8. FARM OR LEASE NAME Pinon Mesa A	
14. PERMIT NO.		9. WELL NO. 1E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5835' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 36, T-31-N, R-14-W	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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"/>	Running Casing <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.)*

7-20-85 TD 6500'. Ran 163 jts. 4 1/2", 10.5# , J-55 production casing, 6485' set at 6500'. Float collar set at 6489'. Stage tools set @ 4504' and 1889'.

Cemented 1st stage with 250 sks. Class "B" 50/50 Poz w/2% gel, 10% salt, 10% cal-seal, and 1/4# fine tuf-plug/sk (350 cu.ft.), 2nd stage w/410 sks. Class "B" 65/35 Poz with 6% gel and 2% calcium chloride (664 cu.ft.), 3rd stage with 410 sks. Class "B" 65/35 Poz w/6% gel and 2% calcium chloride (664 cu.ft.) WOC. Circulated to surface.

ACCEPTED FOR RECORD

JUL 26 1985

BY De S. R. 2

RECEIVED

JUL 29 1985

CON. DIV.
DIST. 3

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

SIGNED De S. R. 2

TITLE Drilling Clerk

DATE 7-23-85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side