

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. SF 078120A |
| 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 1850'S, 1700'W | | 8. FARM OR LEASE NAME Crandell |
| | | 9. WELL NO. 3A |
| | | 10. FIELD AND POOL, OR WILDCAT Blanco MV/Aztec PC E |
| | | 11. SEC. T. R. M., OR BLK. AND SURVEY OR AREA Sec. 35, T-31-N, R-12-W N.M.P.M. |
| 14. PERMIT NO. AUG 11 1986 | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5901' GL | 12. COUNTY OR PARISH San Juan |
| | | 13. STATE NM |

RECEIVED

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"/> | WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL | <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.)*

Please extend our Application for Permit to Drill for this location. It is intended to drill this well in the near future.

RECEIVED
AUG 13 1986
OIL CON. DIV.
DIST. 3

1/1 - Jan 23, 1987

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

SIGNED [Signature] TITLE Drilling Clerk DATE 08-08-86

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE John S. Keller DATE for

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side