

**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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>El Paso Natural Gas Company</u></p> <p>3. ADDRESS OF OPERATOR <u>Post Office Box 4289, Farmington, NM 87499</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1595'S, 1765'W</u></p> <p>14. PERMIT NO. _____</p> <p>15. ELEVATIONS (Show whether OF, ST, OR, etc.) <u>6381'GL</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>SF-081155</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME <u>Allison Unit</u></p> <p>8. FARM OR LEASE NAME <u>Allison Unit</u></p> <p>9. WELL NO. <u>119</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Basin Fruitland Coal</u></p> <p>11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <u>Sec. 29, T-32-N, R-06-N.M.P.M.</u></p> <p>12. COUNTY OR PARISH 13. STATE <u>San Juan NM</u></p>
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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>Running Casing</u> <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.)*

12-05-88 TD 3077'. Ran 3 jts. 5 1/2", 23.0#, P-110 casing liner, 140' set @ 3077'. Float shoe set @ 3077'. Top of liner hanger @ 2937'. Did not cement.

RECEIVED
 REGISTRATION ROOM
 86 DEC 19 PM 2:21
 FARMINGTON RESOURCE AREA
 FARMINGTON, NEW MEXICO

RECEIVED
 DEC 22 1988
 OIL CON. DIV
 DIST. 3

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 12-16-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ ACCEPTED FOR RECORD
 CONDITIONS OF APPROVAL, IF ANY: _____ DEC 20 1988
 FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side