

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-078885
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 Canyon Largo Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1960'S, 1820'W	8. FARM OR LEASE NAME Canyon Largo Unit
14. PERMIT NO.	9. WELL NO. 278
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6678'GL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-25-N, R-06-W N.M.P.M.
	12. COUNTY OR PARISH 13. STATE Rio Arriba NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PLUG OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETION
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	

(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.)

It is proposed to set a bridge plug @ 7000' to isolate the perforations; and locate and squeeze cement the casing leak(s). The well will be cleaned out, pressure tested and returned to production.

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

SIGNED [Signature]

TITLE Regulatory Affairs

(RS) DATE 05-16-89

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOOD

*See Instructions on Reverse Side

APPROVED
DATE <u>05-16-89</u>
DATE <u>MAY 25 1989</u>
AREA MANAGER FARMINGTON RESOURCE AREA