

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 ☐ GAS WELL ☐ ☒ OTHER
2. NAME OF OPERATOR El Paso Natural Gas Company
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1930'N, 430'W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO. SE-080670
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME San Juan 27-4 Unit
8. FARM OR LEASE NAME San Juan 27-4 Unit
9. WELL NO. 66
10. FIELD AND POOL, OR WILDCAT Tapacitos Pic. Cliff.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-27-N, R-4 - N.M.P.M.
12. COUNTY OR PARISH 13. STATE Rio Arriba NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
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.)*

This well is suspected of having developed a casing failure. A packer will be set @ + 4090' to isolate the casing failure. The well will be flow tested for one year to determine if production capable of supporting a permanent repair will be regained.

Plans to repair or PTH due 7/21/89

RECEIVED
APR 26 1989
OIL CON. DIV
DIST. 3

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

SIGNED [Signature]

TITLE Regulatory Affairs (CS) 04-10-89

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE REGULATORY

APPROVED [Signature]
AS AMENDED

APR 21 1989

[Signature]
AREA MANAGER

*See Instructions on Reverse Side