

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 checked="" type="checkbox"/> OTHER | 7. UNIT AGREEMENT NAME San Juan 27-5 Unit |
| 2. NAME OF OPERATOR El Paso Natural Gas Company | 8. FARM OR LEASE NAME San Juan 27-5 Unit |
| 3. ADDRESS OF OPERATOR P. O. Box 4289, Farmington, NM 87499 | 9. WELL NO. 163E |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 860'N 1035'W | 10. FIELD AND POOL, OR WILDCAT Basin Dakota |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-27-N, R-5-W NMPM |
| 14. PERMIT NO. | 12. COUNTY OR PARISH Rio Arriba |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6389' GL | 13. STATE NM |

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16. 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"/> | | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|-------------------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input checked="" 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"/> | | <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.)*

7-27-85 Ran Temperature Survey and found Top of Cement at 2925'. Perf'd 2 Squeeze Holes at 2650'. Squeeze cemented Ojo Alamo formation with 150 sks Class B with 2% CaCl₂ (177 cu ft). WOC 12 hours. Top of Cement 1600'.

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OIL CON. DIV.
DIST. 3

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

SIGNED Maria Loney TITLE Drilling Clerk DATE 8-9-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR REVIEW

1985

*See Instructions on Reverse Side

FARMINGTON

BY _____