

**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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/></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>820'S, 790'E</u></p> <p>14. PERMIT NO. <u>DEC 05 1985</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM 020495</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Angel Peak</u></p> <p>9. WELL NO. <u>1E</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Basin Dakota</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 2, T-27-N, R-11-W NMMPM</u></p> <p>12. COUNTY OR PARISH <u>San Juan</u></p> <p>13. STATE <u>NM</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5979' GL</u></p>	

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

<p>BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA</p> <p>AGREEMENT IN INTENTION TO:</p> <table style="width:100%;"> <tr> <td style="width:50%;">TEST WATER SHUT-OFF <input type="checkbox"/></td> <td style="width:50%;">PULL OR ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> </tr> <tr> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table>	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"/>		<p>SUBSEQUENT REPORT OF:</p> <table style="width:100%;"> <tr> <td style="width:50%;">WATER SHUT-OFF <input type="checkbox"/></td> <td style="width:50%;">REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>(Other) <input type="checkbox"/></td> <td><u>Running Casing</u> <input type="checkbox"/></td> </tr> </table> <p>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p>	WATER SHUT-OFF <input 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"/>	<u>Running Casing</u> <input type="checkbox"/>
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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.)*

12-2-85 TD 6465'. Ran 156 jts. 4 1/2", 10.5#, K-55 production casing, 6440' set @ 6454'. Float collar set @ 6437'. Stage tools @ 4829' and 2032'. Cemented first stage with 156 sks. Class "B" 65/35 Poz mix, 6% gel, 2% calcium chloride (253 cu.ft.) followed by 100 sks class B, 2% gel, 2% calcium chloride, (124 cu ft). 2nd stage with 334 sks. Class "B" 65/35 Poz mix, 6% gel, 2% calcium chloride (541 cu.ft.), 3rd stage with 572 sks. Class "B" 65/35 Poz mix with 6% gel and 2% calcium chloride (927 cu.ft.). WOC 18 hours. Top of cement 200' T.S.

RECEIVED
DEC 12 1985
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature] TITLE Drilling Clerk DATE 12-4-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side