

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(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.)

RECEIVED  
BLM MAIL ROOM  
JAN 30 PM 3:29  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

|                                                                                                                  |                                                    |                                                                      |                                                                                                                                                  |               |                                                          |                                         |                                        |                    |                                                     |                                                                                          |                                  |                 |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------|-----------------------------------------|----------------------------------------|--------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------|-----------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | 2. NAME OF OPERATOR<br>El Paso Natural Gas Company | 3. ADDRESS OF OPERATOR<br>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)<br>At surface 790'N, 1150'E | 5. PERMIT NO. | 6. ELEVATIONS (Show whether OF, RT, OR, etc.)<br>6592'GL | 7. UNIT AGREEMENT NAME<br>Huerfano Unit | 8. FARM OR LEASE NAME<br>Huerfano Unit | 9. WELL NO.<br>286 | 10. FIELD AND POOL, OR WILDCAT<br>Undes. Mesa Verde | 11. SEC., T., R., N., OR S.E., AND SURVEY OR AREA<br>Sec. 35, T-27-N, R-10-W<br>N.M.P.M. | 12. COUNTY OR PARISH<br>San Juan | 13. STATE<br>NM |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------|-----------------------------------------|----------------------------------------|--------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------|-----------------|

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"/>             |                                               |

SUBSEQUENT REPORT OF:

|                                                |                                          |
|------------------------------------------------|------------------------------------------|
| 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"/>               |                                          |

(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 under review for possible acquisition of uphole rights or sale of wellbore. A sixty day extension on the plug & abandonment decision is requested.

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

SIGNED [Signature]

Drilling Clerk

TITLE

DATE

12-30-87

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

[Signature]  
JAMES E. EDWARDS  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side