

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.)

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 2105-2390
2100'N, 2400'W

RECEIVED

14. PERMIT NO.
AUG 04 1986
15. ELEVATIONS (Show whether OF, HY, OR, etc.)
6244'GL

5. LEASE DESIGNATION AND SERIAL NO.
NM 012710
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
San Juan 30-6 Unit
8. FARM OR LEASE NAME
San Juan 30-6 Unit
9. WELL NO.
406
10. FIELD AND POOL, OR WILDCAT
Undes. Fruitland
11. SEC., T., R., M., OR BLK. AND
SUBVY OR AREA
Sec. 15, T-30-N, R-07-W
N.M.P.M.
12. COUNTY OR PARISH
Rio Arriba NM

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

ATTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Flow

(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.)*

07-18-86 It is requested to flow this well to the reserve pit for thirty days to clean up the formation damage following workover.

RECEIVED
AUG 05 1986
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature]

TITLE Drilling Clerk

DATE 07-23-86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

NMOCC