Form 3160-5 (November 1983) (Formerly 9-331)	UNITED STA	TES IE INTERIOI	E INTERIOR (Other instructions on re		Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEARS DESIGNATION AND SERIAL NO.	
	BUREAU OF LAND MANAGEMENT		NM-03385			
SUND (Do not use this fo	RY NOTICES AND R	EPORTS ON leepen or plug back	WELLS to a different reservoir.	6. IP INDIAN, ALLOT	EMAN BRIST SO BET	
				7. UNIT AGREEMENT NAME		
OIL GAS WELL X OTHER				San Juan 30-6 Unit		
2. NAME OF OPERATOR El Dago Matural Can Company				8. PARM OR LEASE !		
El Paso Natural Gas Company				San Juan	30-6 Unit	
Post Office Box 4289, Farmington, NM 87499				455		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below. 1080 S, 1510 W				10. FIELD AND POOL	OR WILDCAT	
At surface	1080's, 1510'W				uitland Coa	
				11. SEC., T., S., M., O	-30-N,R-06-	
			:	N.M.P.M.	-30-N,R-06-	
14. PERMIT NO. 15. ELEVATIONS (Show whether DP, ET, GR, etc.) 6629 GL				12. COUNTY OR PARI	SE 13. STATE	
				Rio Arriba NM		
.6.	Check Appropriate Box T	o Indicate Natu	ire of Notice, Report, or O	Wher Data		
NO1	PICE OF INTENTION TO:			BHT REPORT OF:		
TEST WATER BHUT-OFF	PULL OR ALTER CASE	NO	WATER SHUT-OFF	REPAIRING	WOLL .	
PRACTURE TREAT	MULTIPLE COMPLETE	:	FRACTURE TREATMENT	ALTERING	1	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONE		
REPAIR WELL	CHANGE PLANS		NOTE: Report results	Running Cas	n on Well	
(Other)	OMPLETED OPERATIONS .: "anning st	are all pertinent de	Completion or Recomple	etion Report and Log	(form.)	
proposed work. If we nest to this work.)	OMPLETED OPERATIONS (Clearly St. cell is directionally drilled, give i	subsurface locations	and measured and one vertical	depths for all mark	ers and sones perti-	
07-09-88	3317' set @ 3 Poz, with 6% operlite (920 o	330'. Cengel, 2% caccu.ft.) fo	7", 20.0#, K-55 mented with 500 salcium chloride ablowed by 100 skcu.ft.). WOC 12	sks. Class and 1/2 cu. ks. Class "	"G" 65/35 ft./sack G" with 2%	
88-80-60	TD 3537'. Ra: 298' set @ 35 hanger @ 3239		5 1/2", 23.0#, P- at shoe set @ 353 ot cement.	-110 casing 37'. Top o	liner, f liner	
			granding and	error		
شهاری معلق از از به م	· •		Entropy of the Control			
10 45 10 45 10 45	.			Bridge Control		
1						
8. I hereby certify that the	e foregoing is true and correct	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
SIGNOR	Malliced	TITLE Regu	llatory Affairs	DATE	09-08-88	
(This space for Federal	or State office use)					
APPROVED BY		TITLE		DATE		
CONDITIONS OF APPI	BOVAL, IF ANY:					
		••	e tradição			

*See Instructions on Reverse Side