

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 <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF 077710
2. NAME OF OPERATOR El Paso Natural Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1780'S, 1590'E	8. FARM OR LEASE NAME Hardie F
	9. WELL NO. #1E
	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-29-N, R-12-W NMPM
14. PERMIT NO. FEB 14 1986	12. COUNTY OR PARISH 13. STATE San Juan NM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5661' GL	

RECEIVED

16. BUREAU OF LAND MANAGEMENT Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
FARMINGTON RESOURCE AREA

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Running Casing <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.)*

2-11-86 TD 6421'. Ran 158 jts. 4 1/2", 10.5#, J-55 production casing 6408' set @ 6421'. Float collar set @ 6404'. Stage tools @ 4501' and 2039'. Cemented first stage with 188 sks. Class "B" 65/35 Poz mix, 6% gel, 2% calcium chloride (304 cu.ft.) followed by 100 sks class B, 50/50 POZ mix, 2% gel, 2% calcium chloride, 1/4# fine tuf-plug/sk (124 cu ft). 2nd stage with 509 sks. Class "B" 65/35 Poz mix, 6% gel, 2% calcium chloride (825 cu.ft.), 3rd stage with 760 sks. Class "B", 65/35 Poz mix with 6% gel and 2% calcium chloride (1230 cu.ft.). WOC 18 hours. Circulated to surface.

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

SIGNED Doris Lowrey TITLE Drilling Clerk

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE FEB 19 1986
FARMINGTON RESOURCE AREA
BY H

*See Instructions on Reverse Side