

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM - 4282	
2. NAME OF OPERATOR EP Operating Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 6 Desta Drive, Suite 5250, Midland, TX 79705-5510		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 2180' FNL, 2300' FEL		8. FARM OR LEASE NAME Federal	
14. PERMIT NO.		9. WELL NO. 1-30- #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6423' GR		10. FIELD AND POOL, OR WILDCAT Ute Dome (Penn)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T32N, R13W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

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AUG 10 1989

State of Land Management  
Durango, Colorado

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) Estimated Plugging Date	<input checked="" 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.)

EP Operating Company plans to commence plugging operations on the subject well on August 14, 1989.

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

SIGNED A. D. Reed

TITLE Production Superintendent

DATE 7/25/89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 8-1-1989

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA  
RV STW