

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 080672 1169
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 4289, Farmington, NM 87499		7. UNIT AGREEMENT NAME San Juan 27-4 Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 940'N 1840'W		8. FARM OR LEASE NAME San Juan 27-4 Unit
14. PERMIT NO.		9. WELL NO. 50E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6812' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-27-N, R-4-W NMPM
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

16. 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"/>	Running Csg. <input checked="" 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.)*

7-4-85 TD 3963'. Ran 93 jts, of 7", 20#, K-55 intermediate casing 3951' set at 3963'. Cmt'd w/65 class B sks cmt, 65/35 POZ mix, 6% gel, 2% CaCl₂, 1/2 cu ft Perlite/sk (125 cu ft), followed by 100 class B sks cmt, 2% CaCl₂ (118 cu ft). WOC 12 hours. Held 1200#/30 min. Top of cement @ 3200'. 31'3"

7-5-85 Perf'd one squeeze hole @ 3175'. Squeeze Ojo Alamo, w/200 sks class B cmt, 2% CaCl₂ (236 cu ft). WOC 12 hours. Tested 1200#/30 min. Drilled out to below squeeze hole. Top of cement @ 2000'.

7-10-85 TD 8088'. Ran 203 jts, 4 1/2", 10.5 & 11.6#'s, K-55 Production casing 8076' set at 8087'. Float collar set at 8071'. Cmt'd w/255 class B sks cmt, 2% chemical extender, 0.3% retarder, 2# tuf-plug (525 cu ft), followed by 100 class B sks cmt, 0.5% dispersant, 0.2 gal FLA, 0.3% retarder (118 cu ft). WOC 18 hours. Top of cement @ 3200'.

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

SIGNED [Signature]

TITLE Drilling Clerk

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

RECEIVED

JUL 17 1985

OIL CON. DIV.

DATE 7-10-85
DIST. 2
ACCEPTED FOR RECORD

DATE _____

JUL 15 1985

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side