

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                                       | 7. UNIT AGREEMENT NAME<br>San Juan 29-7 Unit  |
| 2. NAME OF OPERATOR<br>El Paso Natural Gas Company   | 8. FARM OR LEASE NAME<br>San Juan 29-7 Unit   |
| 3. ADDRESS OF OPERATOR<br>Post Office Box 4289, Farmington, NM 87499   | 9. WELL NO.<br>512  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface 1460'N, 2365'E | 10. FIELD AND POOL, OR WILDCAT<br>Basin Fruitland Coal                                  |
| 14. PERMIT NO.   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 19, T-29-N, R-07-W<br>N.M.P.M. |
| 15. ELEVATIONS (Show whether OF, RT, GR, etc.)<br>6673'GL  | 12. COUNTY OR PARISH 13. STATE<br>Rio Arriba NM   |

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

| 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 COMPLETION <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) <u>Spud Well</u>                       |  |

(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.)\*

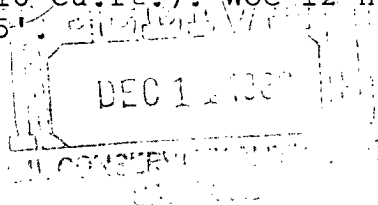
11-26-88 Spudded well at 10:00 pm 11-26-88. Drilled to 522'. Ran 12 jts. 9 5/8", 32.3#, H-40 surface casing set at 522'. Cemented with 300 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (448 cu.ft.). circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

11-30-88 TD 3416'. Ran 80 jts. 7", 20.0#, K-55 intermediate casing, 3403' set @ 3416'. Cemented with 50 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride, 1/2 cu.ft. perlite/ sx (101 cu.ft.), followed by 100 sx. Class "B" with 2% calcium chloride (118 cu.ft.) followed by 420 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride, 1/2 cu.ft. perlite/ sx (811 cu.ft.), followed by 100 sx. Class "B" with 2% calcium chloride (118 cu.ft.). WOC 12 hours. Held 1200#/30 min. TC by TS @ 1275'.

RECEIVED  
BLM MAIL ROOM

88 DEC -5 PM 4:16

FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO



RECEIVED

DEC 09 1988

OIL CON. DIV

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

SIGNED

*[Signature]*

TITLE Regulatory Affairs

DIST. 3

DATE

12-04-88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

NMOCC

DEC 06 1988

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA