

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
verse side)

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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.)

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 4289 Farmington, NM

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1760'S - 1150'E

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14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7249 DF

BUREAU OF LAND MANAGEMENT
FARMINGTON, NEW MEXICO

5. LEASE DESIGNATION AND SERIAL NO.

Contract No. 41

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Tribal

7. UNIT AGREEMENT NAME

Jicarilla Tribal

8. FARM OR LEASE NAME

Jicarilla D

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Blanco PC

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

30
Sec. 20 T-25N, R-4-W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Surface Rehab.

(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.)*

Surface rehabilitation and re-seeding have been completed.

RECEIVED
APR 24 1987
OIL CON. DIV.
DIST. 3

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

SIGNED

[Signature]

TITLE

Drilling Clerk

DATE

October 3, 1984

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 10 1984

*See Instructions on Reverse Side