

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR El Paso Exploration Company	8. FARM OR LEASE NAME Jicarilla 117E
3. ADDRESS OF OPERATOR P. O. Box 4289, Farmington, NM 87499	9. WELL NO. 9A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 950'N 1520'W	10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs/ Blanco Mesa Verde
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T-26-N, R-3-W NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7332' GL	12. COUNTY OR PARISH San Juan
	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 checked="" 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.) *

7-2-85 MOL & pulled tubing. Set BP @ 4100'. Pressure tested casing to 3500 psi/ held ok. Perf'd 3962-3993 w/20 SPZ. Frac'd w/31,000# 10/20 sand, 42,970 gallons water. Flushed w/6740 gallons water.

7-5-85 Set packer @ 3998'. Ran 212 jts, 2 3/8", 4.7#, J-55 tubing @ 6285'. SN @ 6253'. Ran 124 jts, 1 1/4", 2.33# J-55 tubing set @ 3962'. SN Set @ 3930'.

RECEIVED
JUL 31 1985
OIL CON. DIV. /
DIST. 3

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

SIGNED Hans Sawyer TITLE Drilling Clerk

DATE 7-11-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE JUL 29 1985

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY SM

NMOCC