

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

5. LEASE DESIGNATION AND SERIAL NO.
SF 079265

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
2. NAME OF OPERATOR El Paso Natural Gas Company	8. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87401	9. WELL NO. 19E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1050'N, 1800'W	10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SUBJECT OR AREA Sec. 34, T-26-N, R-06-W N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6391'GL	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 <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"/> Spud Well	

(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.) *

8-24-85 Spudded well at 11:00 a.m. 8-24-85. Drilled to 224'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 224'. Cemented with 125 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (147 cu.ft.). Circulated to surface. WOC 12 hours. Tested 600#/30 minutes, held ok.

RECEIVED
AUG 30 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Peggy Doak

TITLE Drilling Clerk

DATE 8-25-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

*See Instructions on Reverse Side