

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"/>	5. LEASE DESIGNATION AND SERIAL NO. SF 079266
2. NAME OF OPERATOR El Paso Natural Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1690'N, 1475'E	8. FARM OR LEASE NAME Vaughn
	9. WELL NO. 29
	10. FIELD AND POOL, OR WILDCAT Otero Chacra Ext.
	11. SEC., T., R., M., OR BLK. AND SUBJECT OR AREA Sec. 26, T-26-N, R- 6-W N.M.P.M.
14. PERMIT NO. OCT 09 1985	12. COUNTY OR PARISH 13. STATE Rio Arriba NM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6661' GL	

RECEIVED

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

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

TYPE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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"/>	

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.)\*

10-6-85 Spudded well at 3:45 p.m. 10-6-85. Drilled to 140'. Ran 3 jts. 8 5/8", 24.0#, J-55 surface casing set at 140'. Cemented with 90 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (106 cu.ft.). Circulated to surface. WOC 12 hours. Tested 600#/30 minutes, held ok.

RECEIVED  
OCT 15 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED Deane Doak

TITLE Drilling Clerk

DATE 10-7-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD

OCT 10 1985

\*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY Elly