| Form.3160-5<br>(November 1983)<br>(Formerly 9-331)  | UNITED DEPARTMENT OF BUREAU OF LAN                              | THE INTERI   |  | Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO. SF 079491A                                    |
|---|---|--|--|--|
|   | ORY NOTICES AN  |  | ON WELLS ack to a different reservoir.                                       | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| OIL GAS. WELL X   | OTHER   |  |  | 7. UNIT AGREEMENT NAME San Juan 27-5 Unit  |
| L. NAME OF OPERATOR   |   |  |  | 8. FARM OR LEASE NAME  |
| El Paso Natural Gas Company  . ADDRESS OF OPERATOR  |   |  |  | San Juan 27-5 Unit', 9. WELL NO.   |
| Po  | st Office Box   | 4289,Farmi   | ngton,NM 87499   | 101A   |
| LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1520 'N, 1570 'E |   |  |  | 10. FIELD AND POOL, OR WILDCAT   |
|   |   |  |  | Blanco Mesa Verde  |
| ECEIV   | E D   |  |  | Sec. 10, T-27-N, R- 5-   |
| 4. PERMIT NO.   |   | ONS (Show whether DF,                                  | RT, GR, etc.)  | 12. COUNTY OR PARISH 13. STATE   |
| NOV 1 8 1985  |   | 7238   | <del></del>  | Rio Arriba NM  |
| 6.<br>IREAU OF LAND MANAGE  | Check Appropriate B   | ox To Indicate No                                      | iture of Notice, Report, or  | Other Data   |
| ARMINGTON RESOURCE  | PICE OF INTENTION TO:   |  | RUBE   | SQUENT REPORT OF:  |
| TEST WATER SHUT-OFF   | PULL OR ALTER   | CASING   | WATER SHUT-OFF   | REPAIRING WELL   |
| FRACTURE TREAT  | MULTIPLE COM  | PI.ETE   | FRACTURE TREATMENT   | ALTERING CASING  |
| SHOOT OR ACIDIES  | ABANDON*  |  | SHOOTING OR ACIDIZING  | ABANDONMENT*   |
| REPAIR WELL   | CHANGE PLANS  |  | ,  | Spud Well  |
| (Other)   |   |  | (NOTE: Report resulting Completion or Recou                                  | its of multiple completion on Well upletion Report and Log form.)  |
| 11-11-85  | 3% calcium cl<br>WOC 12 hours<br>Drilled to 34<br>Squeeze cemen | hloride (13<br>. Tested 6<br>49'. Hit e<br>nted fractu | <pre>0 cu.ft.). Circ 00#/30 minutes, xtensive loss ci re with 150 sks.</pre> | 1/4#/sk. gel-flake and culated to surface. held ok. irculation zone. Class "B" w/10% tuf-plug (225 cu.ft.) |
|   |   |  |  | NOV 2 O 1985 OIL CON. DIV.   |
| . I hereby certify that the   | foregoing is true and corre                                     | ect Dril   | ling Clerk   | 11-14-85   |
| SIGNED Legger   | Loak  | _ TITLE  |  | DATE   |
| (This space for Federal   | or State office use)  |  |  | PART TO HER RECENS   |
| APPROVED BYCONDITIONS OF APPRO  | OVAL, IF ANY:   | TITLE  |  | DATE   |
|   |   |  |  | स्तित्व क्षेत्र स्थापन ।<br>स्तित्व क्षेत्र स्थापन   |
| •   | •   | See Instructions o                                     | n Reverse Side   | FARmin, in newspace rineA  |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.