

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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"/>		58 NOV 30 PM 3:22	
2. NAME OF OPERATOR <i>Meredith</i> El Paso Natural Gas Company		FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		7. UNIT AGREEMENT NAME Huerfano Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface 800'S, 1800'W		8. FARM OR LEASE NAME Huerfano Unit	
14. PERMIT NO.		9. WELL NO. 270	
15. ELEVATIONS (Show whether OF, BT, GR, etc.) 6475' GL		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal	
		11. SEC., T., R., M., OR BLK. AND SURVEY Sec. 7, T-26-N, R-10-W N.M.P.M.	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PELL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)*

It is intended to plug & abandon the Dakota formation and plug this well back to the Gallup formation in the following manner. The Dakota has been non-productive due to excessive water production.

MOL&RU. Round trip tubing w/casing scraper to 6100'. Set cement retainer at 6100'. Squeeze 80 sx (94 cu.ft.) of Class "B" neat cement (100% excess) across Dakota perms. Pressure test casing to 4000 psi. Perforate across Gallup 5538-5844' and recomplete.

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

SIGNED *[Signature]* TITLE Regulatory Affairs (CB) DATE 11-30-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE **APPROVED**

CONDITIONS OF APPROVAL, IF ANY:

DES 12 1988 KH
[Signature]
AREA MANAGER

*See Instructions on Reverse Side