Form 3160-5 (November 1983) (Formerly 9-331)

UNITED STATES SUBMIT IN TRIPLICATE OF THE INTERIOR (Other Instructions on re-

Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

CF 079250

	BUREAU OF LAND MANAGE	MENT	SF 079250
SIINDR	Y NOTICES AND REPOR	TSROE GEES VED	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
		milion bright as a dame	
	e "APPLICATION FOR PERMIT—" for	AUG 20 1985	7. UNIT AGREEMENT NAME
1. OIL GAR T		- 2 2 0 1000	San Juan 28-5 Unit
2. NAME OF OPERATOR	OTHER	BUREAU OF LAND MANAGEMENT	8. FARM OR LEASE NAME
D 1	Daga Natural Cod C	FARMINGTON RESOURCE AREA	San Juan 28-5 Unit
3. ADDRESS OF OPERATOR	Paso Natural Gas Co	ошрану	9. WELL NO.
Po	st Office Box 4289, t location clearly and in accordance with	Farmington, NM 87499	28A
4. LOCATION OF WELL (Repor See also space 17 below.)	t location clearly and in accordance wit	h any State requirements.*	10. FIELD AND POOL, OR WILDCAT
	90'N, 1130'W		Blanco Mesa Verde
			11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA OF THE CONTRACTOR
			Sec.17, T-28-N, R-5 - N.M.P.M.
14. PERMIT NO.	15. ELEVATIONS (Show when	ther DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
		6660'GL	Rio Arriba NM
16.	Theck Appropriate Box To Indice	ate Nature of Notice, Report, or (Other Data
	E OF INTENTION TO:		UENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
PRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON®	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	Running Casing
(Other)	<u> </u>	Completion or Recomp	of multiple completion on Well letion Report and Log form.)
proposed work. If well nent to this work.) *	PLETED OPERATIONS (Clearly state all peris directionally drilled, give subsurface	rtinent details, and give pertinent dates, continue and measured and true vertic	including estimated date of starting any all depths for all markers and zones perti-
8-4 -85	3714' set @ 3726'. Poz, with 6% gel, perlite (164 cu.ft calcium chloride (Cemented with 85 s 2% calcium chloride a) followed by 100 s	intermediate casing, sks. Class "B" 65/35 and 1/2 cu.ft./sack cs. Class "B" with 2% hours. Held 1200#/30
8-7 -85	2657' set @ 6210'. hanger @ 3553'. C 2% gel and 0.6% fl	emented with 50 sks. uid loss additive (6 z with 2% gel, 6.25# fluid loss additive	Class "B" 50/50 Poz, 2 cu.ft.) and 295 sks. gilsonite, 1/4#
			AUG 2 3 1885
18. I hereby certify that the fo	1 2-01	Drilling Clerk	DIST. 2 8-16-85
SICKED TRYCH C	TITLE _	<u> </u>	DATE
(This space for Federal or	State office use)		ACCEPTED FOR RECORD
APPROVED BY	TITLE _		DATE
CONDITIONS OF APPROV	M M	60 D	AUG 20 1985
	•	vions on Reverse Side	FARMINGTON RESUURCE AREA
			RV 6 1]