

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"/>	7. UNIT AGREEMENT NAME San Juan 28-5 Unit
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME San Juan 28-5 Unit
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	9. WELL NO. 48A
4. LOCATION OF WELL (Report location clearly and in accordance with BLM requirements. See also space 17 below.) At surface 1670'S, 1460'E	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-28-N, R-05-W N.M.P.M.
15. ELEVATIONS (Show whether OF, AT, or ABOVE) 6928' GL	12. COUNTY OR PARISH Rio Arriba NM

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AUG 26 1985
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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 COMPLETION <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"/>	Running Casing <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.) *

8-20-85 TD 4158'. Ran 100 jts. 7", 20.0#, K-55 intermediate casing, 4146' set @ 4158'. Cemented with 100 sks. Class "B" 65/35 Poz, with 6% gel, 2% calcium chloride and 1/2 cu.ft./sack perlite (193 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (130 cu.ft.). WOC 12 hours. Held 1200#/30 min. Top of cement at 3800' by T.S.

8-23-85 TD 6474'. Ran 59 jts. 4 1/2", 10.5#, J-55 casing liner, 2493' set @ 6474'. Float collar set @ 6469'. Top of liner hanger @ 3981'. Cemented with 50 sks. Class "B" 50/50 Poz, 2% gel and 0.6% fluid loss additive (62 cu.ft.) and 275 sks. Class "B" 50/50 Poz with 2% gel, 6.25# gilsonite, 1/4# flocele, and 0.6% fluid loss additive (374 cu.ft.) WOC 18 hours. Circulated liner.

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AUG 28 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Reggie Doak

TITLE Drilling Clerk

DATE 8-26-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

AUG 27 1985

*See Instructions on Reverse Side
NMOCC

FARMINGTON RESOURCE AREA
D. _____
RV 695