

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(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 different reservoirs.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ SEP 12 1985

2. NAME OF OPERATOR El Paso Natural Gas Company

3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 1190' FNL, 1495' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
6644' GL

5. LEASE DESIGNATION AND SERIAL NO.
SF 080516A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 28-5 Unit

8. FARM OR LEASE NAME
San Juan 28-5 Unit

9. WELL NO.
54E

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, T-28-N, R-5-W
N.M.P.M.

12. COUNTY OR PARISH
Rio Arriba NM

13. STATE

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"/> | WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | (Other) | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | |
| PULL OR ALTER CASING | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| CHANGE PLANS | <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.) *

9-6-85 TD 3856'. Ran 2 jts. 7", 20.0#, K-55 intermediate casing, 3844' set @ 3856'. Cemented with 105 sks. Class "B" 65/35 Poz, with 6% gel, 2% calcium chloride and 1/2 cu.ft./sack perlite (207 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (118 cu.ft.). WOC 12 hours. Held 1200#/30 min. Top of cement at 2500' by T.S.

9-10-85 TD 7961'. Ran 191 jts. 4 1/2", 11.6#, N-80 production casing, 7949' set @ 7961'. Float collar set @ 7954'. Cemented with 240 sks. Class "B" 8% gel and 1/4 cu ft fine gilsonite (521 cu ft) and 100 sks. Class "B", 1/4 # fine tuf-plug/sk, 4% D-14 (118 cu.ft.) WOC 18 hours. Top of cement @ 2600'.

RECEIVED
SEP 18 1985

OIL CON. DIV.
DIST. 3

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

SIGNED *[Signature]*

TITLE Drilling Clerk

DATE 9-11-85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

SEP 19 1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
D. *[Signature]*
RV *[Signature]*