

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

5. LEASE DESIGNATION AND SERIAL NO.  
**SF 079519A**

6. 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.  
**63E**

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-05-W  
N.M.P.M.**

12. COUNTY OR PARISH 13. STATE  
**Rio Arriba NM**

**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  GAS WELL  OTHER

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 **1685'S, 1625'E**

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, etc.)  
**6776**

**RECEIVED**  
**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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL 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) <u>Spud Well</u>	
(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.)\*

8-23-85 Spudded well at 7:45 p.m. 8-23-85. Drilled to 226'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 226'. Cemented with 120 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (142 cu.ft.). Circulated to surface. WOC 12 hours. Tested 600#/30 minutes, held ok.

**AUG 28 1985**  
**OIL CON. DIV.**  
**DIST. 3**

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

SIGNED *Peggy Daah* TITLE Drilling Clerk DATE 8-26-85

(This space for Federal or State office use)

**ACCEPTED FOR RECORD**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

1985

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

**NMOCC**