

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 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 P. O. Box 4289, Farmington, NM 87499	9. WELL NO. 19A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1190'S, 1450'E	10. FIELD AND POOL, OR WILDCAT
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-28-N, R-5-W NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6724' GL	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

RECEIVED

OCT 17 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

10-7-85 CO to 6335'. Tested csg. to 3500 psi-ok. Perf'd 5946, 5951, 5970, 5976, 5983, 5992, 6011, 6019, 6155, 6167, 6244' w/1 SPZ. Frac'd w/58,000# 20/40 sand & 81,310 gals water. Flushed w/8,150 gals water. Perf'd 2nd stage 5863, 5869, 5872, 5881, 5884, 5887, 5890, 5899, 5902, 5910, 5914, 5918, 5921, 5924, 5927, w/1 SPZ. Frac'd w/24,000# 20/40 sand & 64,334 gals water. Flushed w/7,940 gals water. Perf'd 3rd stage 5485, 5496, 5508, 5516, 5522, 5528, 5534, 5550, 5593, 5598, 5603 w/1 SPZ. Frac'd w/27,000# 20/40 sand & 65,810 gals water. Flushed w/7,644 gals water.

10-9-85 CO to PBTD. Set Bridge Plug @ 3900'. Perf'd one squeeze hole @ 3050'. Squeeze cmt'd Ojo Alamo formation w/200 sks class B w/2% CaCl₂ (236 cu ft). WOC 18 hrs.

10-10-85 CO to below squeeze. Tested casing to 1500 psi-ok. CO to PBTD w/gas. Landed tubing.

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OCT 22 1985
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature]

TITLE Drilling Clerk

DATE 10-17-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC