

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 Post Office Box 4289, Farmington, NM 87499	9. WELL NO. 84E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FSL, 1450' FEL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO. OCT 31 1985	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16, T-28-N, R-5-W N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6575' GL	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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15. 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"/>	PCLL 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) Running Casing <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.)\*

10-24-85 TD 3783'. Ran 93 jts. 7", 20.0#, K-55 casing 3771' set @ 3783'. Cemented with 97 sks. Class "B", 65/35 POZ mix, 6% gel, 2% calcium chloride, 1/2 cu ft Perlite/sk (187 cu.ft.) followed by 100 sks class B, 2% calcium chloride (118 cu ft). WOC 12 hours. Held 1200#/30 minutes. Top of cement @ 2300'.

10-29-85 TD 7947'. Ran 192 jts. 4 1/2", 11.6#, N-80 casing 7920' set @ 7932'. Float collar set at 7925'. Cmt'd w/241 class B, 8% gel, 1/4# fine Gilsonite/sk, 0.4% HR-7, (523 cu ft), followed by 100 class B, 1/4# fine tug-plug/sk, 0.4% HR-7, (118 cu ft). WOC 18 hrs. Top of cement set at 3400'.

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NOV 04 1985

OIL CON. DIV.  
DIST. 3

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

SIGNED

*Peggy Cook*

TITLE

Drilling Clerk

DATE

10-30-85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

NMOCC