

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 010516
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 4289, Farmington, NM 87499		7. UNIT AGREEMENT NAME San Juan 28-5 Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 790'FSL, 790'FEL		8. FARM OR LEASE NAME San Juan 28-5 Unit
14. PERMIT NO.		9. WELL NO. 7A
15. ELEVATIONS (Show whether DP, RT, CR, etc.) 6507' GL		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-28-N, R-5-W NMPM
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

15. 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 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 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.) *

- 10-15-85 CO to 6101'. Tested csg-did not hold. Isolate leak @ top of Liner Hanger. Squeeze cmt'd w/150 sks class B, w/2% CaCl₂ (177 cu ft). WOC 18 hrs.
- 10-16-85 CO to below squeeze. Tested csg to 3500 psi-ok. Perf'd 5216, 5225, 5228, 5261, 5265, 5269, 5277, 5281, 5285, 5357, 5360, 5370, 5374, 5378, 5382, 5496, 5500, 5504 w/1 SPZ. Frac'd w/34,500# 20/40 sand & 77,700 gals slick-water. Flushed w/7,350 gals wtr. 2nd stage 5623, 5626, 5629, 5632, 5642, 5645, 5648, 5651, 5663, 5666, 5669, 5672, 5691, 5695, 5711, 5715, 5719, 5723, 5744, 5764 w/1 SPZ. Frac'd w/32,500# 20/40 sand & 72,730 gals slick-water. Flushed w/7,520 gals wtr. 3rd stage 5802, 5816, 5830, 5836, 5846, 5851, 5876, 5900, 5906, 5929, 5963, 5968, 5989, 6012, 6060 w/1 SPZ. Frac'd w/65,300# 20/40 sand & 85,900 gals slickwater. Flushed w/3,070 gals wtr.
- 10-19-85 Perf'd one squeeze hole @ 2765'. Squeeze cmt'd Ojo Alamo formation w/200 sks class B, 2% CaCl₂ (236 cu ft). WOC 18 hrs.
- 10-20-85 CO to below squeeze. Pressure tested csg. to 1500 psi-ok. CO to PBTD.

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OIL CON. DIV.

DIST. 3

DATE 10-23-85

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

SIGNED [Signature]

TITLE Drilling Clerk

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

OCT 25 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BV [Signature]