

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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"/> | | 5. LEASE DESIGNATION AND SERIAL NO. SF 079250 | |
| 2. NAME OF OPERATOR El Paso Natural Gas Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR Post Office 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 1840'N, 815'W | | 8. FARM OR LEASE NAME San Juan 28-5 Unit | |
| 14. PERMIT NO. NOV 26 1985 | | 9. WELL NO. 88M | |
| 15. ELEVATIONS (Show whether DF, RT, GL, etc.) 6667' GL | | 10. FIELD AND POOL, OR WILDCAT Blanco MV/Basin DK | |
| | | 11. SEC., T., R., M., OR BLK. AND SURFACE OR AREA Sec. 15, T-28-N, R-5-W N.M.P.M. | |
| | | 12. COUNTY OR PARISH Rio Arriba | 13. STATE NM |

RECEIVED

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

ATTENTION 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"/> | 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.)*

11-14-85 TD 3968'. Ran 92 jts. 9 5/8", 40.0#, N-80 casing 3956' set @ 3968'. Cemented with 266 sks. Class "B", 65/35 POZ mix, 6% gel, 2% calcium chloride 1/2 cu ft Perlite/sk (513 cu ft), followed by 100 class B, 2% calcium chloride (118 cu ft). WOC 12 hours. Held 1200#/30 minutes. Top of cement @ 2200'.

11-17-85 TD 6368'. Ran 57 jts. 7", 23.0#, N-80 casing liner 2555' set @ 6368'. Float collar set @ 6274'. Top of Liner @ 3813'. Cemented with 50 sks. Class "B", 50/50 POZ mix, 2% gel, 0.6% Halad-9 (62 cu ft), followed by 218 class B, 50/50 POZ mix, 2% gel, 6.25# Gilsonite, 1/4# flocele, 0.6% Halad-9 (297 cu ft). WOC 18 hours.

11-21-85 TD 8059'. Ran 44 jts. 4 1/2", 11.6#, K-55 casing liner 1799' set @ 8059'. Float collar set at 8051'. Top of liner @ 6260'. Cmt'd w/86 sks class B, 8% gel, 0.4% HR-7 (160 cu ft), followed by 100 sks class B, 1/4# fine tuf-plug/sk, 0.4% HR-7 (118 cu ft). WOC 18 hrs.

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

SIGNED [Signature]

TITLE Drilling Director DATE 11-25-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE DEC 02 1985

OIL CON. DIV.
DIST. 3

*See Instructions on Reverse Side

NMOCC