

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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BLM

91 JUN 16 09:28:54

SUMMARY NOTICES AND REPORTS ON WELLS

019 FARMINGTON, N.M.

RECEIVED

FEB 19 1991

OIL CON. DIV.

DIST. 3

1. TYPE OF WELL GAS	5. LEASE NUMBER SF-079192
2. OPERATOR EL PASO NATURAL GAS CO. <i>Meridian</i>	6. IF INDIAN, ALL. OR TRIBE NAME
3. ADDRESS & PHONE NO. OF OPERATOR P O BOX 4289 FARMINGTON, NM 87499	7. UNIT AGREEMENT NAME SAN JUAN 28-6 UNIT
4. LOCATION OF WELL 1310' FSL 1850' FWL	8. FARM OR LEASE NAME SAN JUAN 28-6 UNIT
	9. WELL NO. 440
	10. FIELD, POOL, OR WILDCAT BASIN FRUITLAND COAL
	11. SEC. T. R. M OR BLK. SEC. 16 T28N R06W NMPM
14. PERMIT NO. 30-039-24994	12. COUNTY RIO ARRIBA
15. ELEVATIONS 6603' GL	13. STATE NM

16. SUBSEQUENT REPORT OF:

SPUD

17. Describe proposed or completed operations

SPUD DATE: 010991

SPUD TIME: 1700

TD 228', ran 5 jts of 8 5/8" 24.0# K-55 casing, 213' set @ 226'. Cemented with 210 sacks of Class B cement with 1/4# Flocele/sack and 3% calcium chloride, (248 cu ft.). Circulated 13 bbls to surface. WOC 12 hours. Pressure tested to 600 psi for 30 minutes. Held OK.

DATE: 011391

TD 3444', ran 81 jts of 5 1/2" 15.5# K-55 casing, 3431' set @ 3434'. Stage tool @ 2781', auto fill float collar @ 3398', and cement nose guide shoe @ 3444'. Stage 1. Lead with 50 sacks of Class B cement 65/35 Poz, 6% gel, 2% calcium chloride, 5# gilsonite/sack, and 1/4# Flocele/sack, (89 cu ft.). Tail with 100 sacks of Class B cement with 2% calcium chloride, (118 cu ft.). Circulated 14 bbls to surface. Stage 2. Lead with 500 sacks of Class B cement 65/35 Poz, 6% gel, 2% calcium chloride, 5# gilsonite/sack, and 1/4# Flocele/sack, (885 cu ft.). Tail with 60 sacks of Class B cement with 2% calcium chloride, (71 cu ft.). Circulated 34 bbls to surface. WOC 18 hours.

18. AUTHORIZED BY: *[Signature]*
REGULATORY AFFAIRS

1-16-91

DATE

ACCEPTED FOR RECORD

NOTE: THIS FORMAT IS ISSUED IN LIEU OF US BLM FORM 3160-5.

===== FEB 12 1991 =====

(This space for Federal or State office use)

FARMINGTON RESOURCE AREA

APPROVED BY _____
CONDITION OF APPROVAL, IF ANY:

TITLE _____

BY *[Signature]* DATE _____