

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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. NM 013861	
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, New Mexico		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650N, 990E		8. FARM OR LEASE NAME Grambling A	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 5808 GL		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
		11. SEC., T., R., N., OR S.E. AND SUBVY OR AREA Sec 21, T28N, R8W, NMPM	
		12. COUNTY OR PARISH San Juan	13. STATE NM

APR 17 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

16. 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 PLANE <input type="checkbox"/>
(Other) Sidetrack, Case, Cement, & Frac <input checked="" 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.) *

In order to increase production it is planned to workover and restimulate this well in the following manner:
Pull tubing, set a drillable bridge plug near the bottom of the 7" casing & pressure test to 1000 psi.
If tubing is stuck, cut off tubing approximately 100' below the 7" casing shoe, set a drillable cement retainer near the bottom of the 7" casing, squeeze the open hole with approximately 200 sks. cement.
Pressure test the 7" casing to 1000 psi.
Isolate & squeeze cement any leaks. If leaks are squeezed near the base of the Ojo Alamo, no additional block squeeze of the 7" annulus is planned.
If there are no leaks near the base of the Ojo Alamo, perforate two squeeze holes at the base of the Ojo Alamo and block squeeze the 7" annulus with approximately 125 sks cement.
Clean out if hole conditions permit, otherwise, sidetrack and drill to approximately 5450'.
Run a full string of 4 1/2" production casing and sufficient amount of cement to tie into the 7" casing shoe. Selectively perforate & sandwater frac the Mesa Verde formation.

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

SIGNED

TITLE Project Dirg DEgr3

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

NMOC