

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 02861	
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	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below. At surface 1180'S, 1772'E		8. FARM OR LEASE NAME Lodewick	
14. PERMIT NO.		9. WELL NO. 11	
15. ELEVATIONS (Show whether OF, RT, CR, etc.) 6371'GL		10. FIELD AND POOL, OR WILDCAT	
		11. SEC., T., R., M., OR BLK. AND Sec. 30, T. 27 N, R-9 -W N.M.P.M.	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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.) *

10-1-85 MO and RU. Pulled tubing. Isolated failure from 3934-4248'.

10-2-85 Squeeze cemented leak with 50 sks. Class "B" with 2% calcium chloride (59 cu.ft.). WOC.

10-3-85 Drilled out cement. Tested casing, did not hold. Squeeze cemented with 50 sks. Class "B" with 2% calcium chloride (59 cu.ft.). WOC.

10-4-85 Drilled out cement. Tested casing, did not hold. Squeeze cemented with 75 sks. Class "B" with 2% calcium chloride (79 cu.ft.). WOC.

10-5-85 Drilled out cement. Pressure tested casing to 375#. Pressure bled off 50# in 10 min.-ok.

10-6-85 Ran 206 jts. 2 3/8", 4.7#, J-55 tubing set in cement retainer at 6464'. Loaded casing-tubing annulus with corrosion inhibitor.

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

SIGNED [Signature]

TITLE

Drilling Clerk

11-1-85

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

NOV 07 1985

NOV 05 1985

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side

NMOCC