

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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. SF079917
2. NAME OF OPERATOR El Paso Natural Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO Box 4289, Farmington, NM 87499	7. UNIT AGREEMENT NAME Huerfano Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 800'S, 1780'E	8. FARM OR LEASE NAME Huerfano Unit
	9. WELL NO. 210
	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 35, T-27-N, R-10-W
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether of, or at, the) BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA 6561' GL	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)

- 11-14-84 Circulated hole clean with water. Tripped out of hole with tubing. Tripped in hole and set cement retainer at 6628'.
- 11-16-84 Isolated casing failure from 3453-4156'. Squeeze cemented leak with 118 cu.ft. cement. WOC.
- 11-17-84 Drilled out squeeze cement, pressure tested casing, did not hold.
- 11-18-84 Isolated leak from 3250-3843'. Squeeze cemented with 82 cu.ft. cement. WOC.
- 11-19-84 Drilled out cement, pressure tested casing, did not hold. Squeeze cemented with 55 cu.ft. cement. WOC.
- 11-20-84 Drilled out cement, pressure tested casing, did not hold. Squeeze cemented with 28 cu.ft. cement. WOC.
- 11-21-84 Drilled out cement.
- 11-26-84 Pressure tested casing to 1050 psi, pressure bled off to 625 psi in 5 min, held constant. Ran 213 jts. 2 3/8" 4.7# tubing set in cement retainer at 6630'.

RECEIVED  
DEC 11 1984

OIL CON. DIV.  
DIST. 3

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

SIGNED [Signature]

TITLE Drilling Clerk

(This space for Federal or State office use)

ACCEPTED FOR RECORD  
DATE 12-4-84

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE DEC 10 1984

FARMINGTON RESOURCE AREA  
BY [Signature]

\*See Instructions on Reverse Side

NMOCG