

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 in a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

|                                                                                                                  |  |                                                   |                                                                          |                                                                                                                                                            |                                                        |                                      |                                                |                                               |                           |                                                       |                                                                                                       |                                         |                        |
|------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------|------------------------------------------------|-----------------------------------------------|---------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------|
| 1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER |  | 2. NAME OF OPERATOR <u>El Paso Natural Gas Co</u> | 3. ADDRESS OF OPERATOR <u>Post Office Box 4289, Farmington, NM 87499</u> | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface <u>800'S, 800'E</u> | 5. LEASE DESIGNATION AND SERIAL NO.<br><u>NM 01074</u> | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | 7. UNIT AGREEMENT NAME<br><u>Huerfano Unit</u> | 8. FARM OR LEASE NAME<br><u>Huerfano Unit</u> | 9. WELL NO.<br><u>275</u> | 10. FIELD AND POOL, OR WILDCAT<br><u>Basin Dakota</u> | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA<br><u>Sec. 36, T-27-N, R-11-W</u><br><u>N.M.P.M.</u> | 12. COUNTY OR PARISH<br><u>San Juan</u> | 13. STATE<br><u>NM</u> |
| 14. PERMIT NO.                                                                                                   |  | 15. ELEVATIONS (Show whether OF, WT, OR, etc.)    |                                                                          |                                                                                                                                                            |                                                        |                                      |                                                |                                               |                           |                                                       |                                                                                                       |                                         |                        |

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other) ☐

PCCL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) ☐

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(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.)

07-01-87 Ran 4 1/2" cement retainer to shut off possible casing failure and set at 6400'. Stung through and test to recover commercial production.

AUG 04 1987  
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)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

*[Signature]*

\*See Instructions on Reverse Side