

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 01074
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 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, 800'E		8. FARM OR LEASE NAME Huerfano Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, BT, CR, etc.) 6489'GL	9. WELL NO. 275
		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 36, T-27-N, R-11-W N.M.P.M.
		12. COUNTY OR PARISH San Juan
		13. STATE NM

16. 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"/>	PCLL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input 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"/>	(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.)

It is intended to repair the casing failure in this well in the following manner:

MOL & RU w/reverse equipment and power swivel.
 Sting out of cmt. retainer @ 6400' & circ. hole clean. TOOH.
 TIH w/test packer & isolate casing failure. TOOH.
 TIH & spot approx. 50 sx. Class B cmt across leak. Pull up hole & pressure displace cement into leak. TOOH & WOC overnight.
 Clean out wellbore to below failure. Pressure test failure to 750 psig. If test fails, spot 50 sx. cmt. across leak & pressure displace cement into leak.
 Pull uphole & pressure test to 750 psig. If test holds, clean out & rerun production tubing & sting into retainer @ 6400'. Load casing-tubing annulus with corrosion inhibitor. Rig down. Return well to production.

RECEIVED

DEC 02 1987

OIL CON. DIV.
DIST. 3

APPROVED

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

SIGNED [Signature]

TITLE Drilling

DATE 11-30-87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DEC 01 1987
DATE

[Signature]
FOR REGIONAL MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC