

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME Angel Peak
3. ADDRESS OF OPERATOR PO Box 4289, Farmington, NM 87499	9. WELL NO. 2E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1190'N, 790'W	10. FIELD AND POOL, OR WILDCAT Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-27-N, R-11-W NMPM	12. COUNTY OR PARISH San Juan
13. STATE NM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6189'GL

18. 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"/>
FRACTURE FREAT <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"/>	

WATER SHUT-OFF <input checked="" 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.) *

4-10-85 Spudded well at 10:00 pm. Drilled 209'. Ran 5 jts.
8 5/8", 32.0#, K-55 casing, 191' set at 204'.

4-11-85 Cemented with 225 sks. Class "B" cement with 3%
calcium chloride and 1/4# gel-flake per sack. (366 cu.ft.)
Circulated 8 bbls. good cement to surface. WOC 12 hours.

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

SIGNED 1994 Caah

TITLE Drilling Clerk

DATE 4-12-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

APR 15 1985

*See Instructions on Reverse Side