

**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.)

<p>1. <input type="checkbox"/> OIL WELL    <input type="checkbox"/> GAS WELL    <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR El Paso Natural Gas Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 4289, Farmington, NM 87499</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  1520'S    420'W</p> <p>14. PERMIT NO. _____</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF 076566</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Huerfano Unit</p> <p>8. FARM OR LEASE NAME Huerfano Unit</p> <p>9. WELL NO. 105E</p> <p>10. FIELD AND POOL, OR WILDCAT Basin Dakota</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-27-N, R-10-W</p> <p>12. COUNTY OR PARISH   13. STATE NMDM   San Juan   NM</p>
<p><b>RECEIVED</b> JUL 15 1985</p> <p>BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6056' GL</p>	

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"/>	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 COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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) _____	

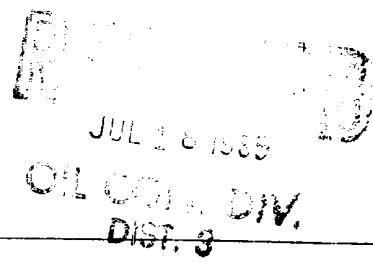
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

6-25-85    COTD 6428'. Pressure tested casing to 4000 psi/did not hold. Isolated leak at DV tool @ 4578'. Set packer @ 4289'. Squeeze cmt'd w/75 sks class B, 2% CaCl<sub>2</sub> (89 cu ft). WOC 12 hrs.

6-26-85    CO to below squeeze. Pressure tested casing to 3500 psi/held ok. Perf'd 6211, 6213, 6215, 6217, 6266, 6268, 6270, 6272, 6274, 6276, 6278, 6280, 6282, 6284, 6316, 6318, 6320, 6322, 6324, 6326 w/1 SPZ. Frac'd w/35,000# 40/60 sand, 47,462 gallons slickwater. Flushed w/4158 gallons water.

6-27-85    Ran 192 jts, 2 3/8", 4.7#, J-55 EUE tubing set at 6326'. SN set @ 6292'.



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

SIGNED *Ross Lawrence* TITLE Drilling Clerk DATE 7-11-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**ACCEPTED FOR RECORD**  
 JUL 17 1985

\*See Instructions on Reverse Side

NMDC

FARMINGTON RESOURCE AREA  
BY *[Signature]*

