

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 Turner Hughes
3. ADDRESS OF OPERATOR P. O. Box 4289, Farmington, NM 87499	9. WELL NO. 14A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1620'S 1120'E	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-27-N, R-9-W NMPM	12. COUNTY OR PARISH San Juan
13. STATE NM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6409' GL

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 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) Running Casing Liner <input checked="" 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.)*

6-26-85 TD 5345'. Ran 65 jts, 4 1/2", 10.5#, K-55 casing liner 2615' set at 5208'. Top of Liner @ 2593'. Float collar set at 5194'. Cmt'd w/50 class B sks cmt, 50/50 POZ mix, 2% gel, 0.6% Halad-9 (62 cu ft), followed by 288 sks class B cmt, 50/50 POZ mix, 2% gel, 6.25# Gilsonite 1/4# Flocele, 0.6% Halad-9 (392 cu ft). WOC 18 hours.

RECEIVED
JUL 17 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Reggie Loah TITLE Drilling Clerk DATE 7-11-85
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side