

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.)

5. LEASE DESIGNATION AND SERIAL NO.
SF 078050

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Turner Hughes

9. WELL NO.
14A

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-09-W N.M.P.M.

12. COUNTY OR PARISH
San Juan

13. STATE
NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
Post Office Box 4289, Farmington, NM 87499

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**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6409'GL

RECEIVED
SEP 25 1985
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRAC TURE TREATMENT	<input type="checkbox"/>	FRAC TURE TREATMENT	<input checked="" type="checkbox"/>
SHOOTING OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PLUG OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)*

8-10-85 PBTD 5184'. Tested casing to 3500#, ok. Perf'd 5003', 5039', 5069', 5100', 5132', 5161', 5184' w/l spz. Fraced with 36,718# 20/40 sand and 60,060 gal. treated water. Flushed with 6,132 gal. water. Perf'd 2nd stage @ 4723', 4760', 4765', 4770', 4775', 4780', 4786', 4792', 4800', 4805', 4810', 4820', 4824', 4829', 4839', 4863', 4872', 4878', 4887', 4895', 4914', 4924', 4942', 4968' w/l spz. Fraced with 127,000# sand and 144,774 gal. treated water. Flushed with 5,838 gallons water.

RECEIVED
OCT 02 1985
OIL COMPANY
D&S

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

SIGNED *John O'Neil*

TITLE Drilling Clerk

DATE 9-24-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCC

