

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 **RECEIVED**

(Do not use this form for proposals to drill or to deepen or plug back to a well or to test or to 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. SF 078050	
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	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 790'N, 1850'W		8. FARM OR LEASE NAME Turner Hughes	
14. PERMIT NO.		9. WELL NO. 21A	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7106'GL		10. FIELD AND POOL, OR WILDCAT Blanco MV	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-27-N, R-9-W N.M.P.M.	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

15. 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) <u>Spud Well</u>	
(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.)

9-9-85 Spudded well at 8:00 p. m. 9-8-85. Drilled to 228'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 223'. Cemented with 115 sks. Class "B" with 1/4#/sk gel flake and 3% calcium chloride (136 cu.ft.). Circulated to surface. WOC 12 hours. Tested 600#/30 minutes, held ok.

**RECEIVED**

SEP 18 1985

OIL CON. DIV.  
DIST. 3

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

SIGNED Peggy Leah

TITLE Drilling Clerk

DATE 9-10-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

**NMOCC**

FARMINGTON RESOURCE AREA

BY [Signature]

