

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

(Do not use this form for proposals to drill or to deepen or plug back to a different level.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

**RECEIVED**  
AUG 30 1985

5. LEASE DESIGNATION AND SERIAL NO.  
SF 078050

6. IF INDIAN, ALIEN OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Turner Hughes

9. WELL NO.  
21

10. FIELD AND POOL, OR WILDCAT  
Blanco Mesa Verde

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA  
Sec. 4, T-27-N; R- 9-W  
N.M.P.M.

12. COUNTY OR PARISH | 13. STATE  
San Juan | 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 1525'S, 1380'W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6390'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) Spud Well <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.)\*

8-29-85 Spudded well at 10:00 p.m. 8-29-85. Drilled to 223'. Ran 5 jts. 9 5/8", 32.3#, K-55 surface casing set at 223'. Cemented with 110 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (130 cu.ft.). Circulated to surface. WOC 12 hours. Tested 600#/30 minutes, held ok.

SEP 03 1985  
OIL CONTROL DIV.  
DIST. 5

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

SIGNED Jerry Doal TITLE Drilling Clerk DATE 8-30-85

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
1985

\*See Instructions on Reverse Side

NMOCC

