

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 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 1600'S, 1570'W

5. LEASE DESIGNATION AND SERIAL NO.
NM 03017

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Huerfano Unit

8. FARM OR LEASE NAME
Huerfano Unit

9. WELL NO.
128E

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 36, T-27-N, R-10-W
N.M.P.M.

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. PERMIT NO.
APR 08 1986

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6501'GL

RECEIVED

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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) <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.)*

- 04-03-86 Pressure tested casing to 4000 psi, ok. Perforated well, broke down formation with balls and acid. Casing split. Isolated casing leak from 5137-5170'. Set BP @ 6610'. Squeeze cemented with 150 sks. Class "B" neat (177 cu.ft.).
- 04-04-86 Drilled out squeeze cement. Tested casing, would not hold. Squeeze cemented with 50 sks. Class "B" with 3% calcium chloride and 1% TIC (59 cu.ft.)
- 04-05-86 Cleaned out squeeze cement. Pressure tested casing to 3500 psi, pressure slowly bled off to 2400 psi. Cleaned out to 6903'. Treated well.

RECEIVED
APR 16 1986

DRILLING DIV.
B.L.M.

I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Drilling Clerk DATE 04-07-86

(This space for Federal or State office use)

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

*See Instructions on Reverse Side