

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<br>Huerfanito Unit                                                 |
| 2. NAME OF OPERATOR<br>El Paso Natural Gas Company                                                                                                   | 8. FARM OR LEASE NAME<br>Huerfanito Unit                                                  |
| 3. ADDRESS OF OPERATOR<br>Post Office Box 4289, Farmington, NM 87499                                                                                 | 9. WELL NO.<br>154                                                                        |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface 1850'N, 795'E | 10. FIELD AND POOL, OR WILDCAT<br>Basin Fruitland Coal                                    |
| 14. PERMIT NO.                                                                                                                                       | 11. SEC., T., R., E., OR BLK. AND<br>SUBV. OR AREA<br>Sec. 34, T-27-N, R-09-W<br>N.M.P.M. |
| 15. ELEVATIONS (Show whether OF, ST, GR, etc.)<br>6430'GL                                                                                            | 12. COUNTY OR PARISH<br>San Juan                                                          |
|                                                                                                                                                      | 13. STATE<br>NM                                                                           |

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 <input type="checkbox"/> |                                          |

(Other) \_\_\_\_\_

(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.)

01-07-89 TD 2227'. Ran 7 jts. 4 1/2", 10.5#, K-55 casing liner, 268' set @ 2227'. Float shoe set @ 2227'. Top of liner hanger @ 1959'. Cemented w/25 sks. Class "B" 65/35 Poz with 6% gel, 2% calcium chloride and 1/2 cu.ft./sx perlite (49 cu.ft.), followed by 80 sx Class "B" neat w/2% calcium chloride (94 cu.ft.) reversed out cement.

RECEIVED  
FARMINGTON, NEW MEXICO

01 JAN -9 AM 10:54

FARMINGTON, NEW MEXICO

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

SIGNED [Signature] TITLE Regulatory Affairs

DATE 01-08-89

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD

JAN 12 1989

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side  
NMOCC