

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 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	5. LEASE DESIGNATION AND SERIAL NO. SF 078415-A
2. NAME OF OPERATOR El Paso Natural Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. 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 1130'N 950'W 1550'N 990'E	8. FARM OR LEASE NAME Day
14. PERMIT NO.	9. WELL NO. 20 A
	10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs/ Blanco Mesa Verde
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6479' GL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-29-N, R-8-W NMDM
	12. COUNTY OR PARISH San Juan
	13. STATE NM

RECEIVED
JUN 16 1985
BUREAU OF LAND MANAGEMENT
FARMINGTON, NEW MEXICO

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 checked="" 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.) *

6-20-85 MOL & RU. TOOH w/2 3/8" tbgs. Set 4 1/2" BP at 3350'. Load hole w/ water. Pressure tested casing 3500/ok. Perf'd w/3156-66, 3169-79, 3180-90 and 3194-3202', w/8 SPZ. Frac'd w/38,000#, 10/20 sand, and 43,000 gallons treated water. Flushed w/5200 gallons water.

6-21-85 CO to PBTD. Set Baker Model G22 packer at 3222'. Ran 179 jts, 2 3/8" 4.7#, J-55 EUE tubing 5676' set at 5688'. SN at 5656'. Ran 96 jts, 1 1/4" 2.4#, CW-55, tubing set at 3193'. SN set at 3159'.

RECEIVED
JUL 02 1985
OIL CON. DIST. 3

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

SIGNED 1994 Leah

TITLE Drilling Clerk

ACCEPTED FOR RECORD
JUN 26 1985

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE
JUN 28 1985

FARMINGTON RESOURCE AREA

BY smm

*See Instructions on Reverse Side

NMOC