

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"/>	28 NOV 22 PM 2:50	5. LEASE DESIGNATION AND SERIAL NO. SE-079485-A
2. NAME OF OPERATOR El Paso Natural Gas Co.	FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 4289 Farmington, NM 87499		7. UNIT AGREEMENT NAME San Juan 30-4 Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 800' FSL, 800' FWL		8. FARM OR LEASE NAME San Juan 30-4 Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, RT, OR, etc.) 7415' GL 9426' D	9. WELL NO. 7
		10. FIELD AND POOL, OR WILDCAT East Blanco PC
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA NMPM Sec. 18, T30N, R4W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE 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 checked="" type="checkbox"/>	MULTIPLE COMPLETION <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) Recomplete		(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.)*

It is intended to recomplete this well in the Fruitland Coal formation in the following manner:

1. MOL & RU.
2. TOOH with 1 1/4" tubing.
3. TIH with 5 1/2" bridge plug and set @ 4150' to temporarily abandon Pictured Cliffs formation. Spot 200 gal. 7 1/2% HCI across interval to perforated.
4. Perforate Fruitland Coal interval from 4063'-4071' and 4097'-4110' with a total of 42 holes.
5. Fracture treat Fruitland Coal with 110,000# sand and 94,000 gal. gel.
6. TIH with 2 3/8" tubing and land near 4130'.
7. RD & MOL.

will be Basin Fruitland Coal & need new plot for 320 acres

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

SIGNED <i>[Signature]</i>	TITLE Regulatory Affairs (SL)	DATE 11/21/88
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(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
DATE

DEC 4 1988

[Signature]
AREA MANAGER

*See Instructions on Reverse Side
NIM000