

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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.)

5. LEASE DESIGNATION AND SERIAL NO.
SF 079962
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Payne
9. WELL NO.
1
10. FIELD AND POOL, OR WILDCAT
Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T-30-N, R-11-W N.M.P.M.
12. COUNTY OR PARISH
San Juan
13. STATE
NM

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. NAME OF OPERATOR
El Paso Natural Gas Company
3. ADDRESS OF OPERATOR
Post Office Box 428 Farmington, NM 87499
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650'S, 990'W
14. PERMIT NO.
15. ELEVATIONS (Show wellhead and casing head elevations) 5928' GL

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA
NOV 0 5 1985

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) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Sidetrack, Case, Cement & Frac ☒ (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.) *

In order to increase production it is planned to workover and restimulate this well in the following manner: Set a drillable cmt retainer near the bottom of the 7" csg, squeeze the open hole w/approximately 200 sks cmt. Pressure test the 7" csg to 1000 psi. Isolate & squeeze cmt any leaks. If leaks are squeezed near the base of the Ojo Alamo, no additional block squeeze of the 7" annulus is planned. If there are no leaks near the base of the Ojo Alamo, perforate two squeeze holes @ the base of the Ojo Alamo & block squeeze the 7" annulus w/approximately 125 sks cmt. CO if hole conditions permit, otherwise sidetrack & drill to approximately 5120'. Run a full string of 4 1/2" production csg & sufficient amt of cmt to tie into the 7" csg shoe. Selectively perforate & sandwater frac the Mesa Verde formation.

NOV 0 7 1985

OIL CON. DIV.
DIST. 3

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

SIGNED [Signature]

TITLE Drilling Clerk

DATE 11-4-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE NOV 0 6 1985

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side