

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.  
**SF 077764**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Schumacher**

9. WELL NO.  
**10**

10. FIELD AND POOL, OR WILDCAT  
**Blanco Mesa Verde**

11. SEC., T., E., M., OR BLK. AND SUBVEYS OR ALBS  
**Sec. 18, T-30-N, R-10-W  
N.M.P.M.**

12. COUNTY OR PARISH  
**San Juan**

13. STATE  
**NM**

**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 State requirements. See also space 17 below.)  
At surface **1090'N, 800'E**

**BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA  
6320'GL**

14. PERMIT NO.

15. ELEVATIONS (Show whether **FARMINGTON RESOURCE AREA**)  
**6320'GL**

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

(Other) **Sidetrack, Case, Cement, & Frac CXX**

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)\*

In order to increase production it is planned to workover and restimulate this well in the following manner: Pull tbg, set a drillable bridge plug near the bottom of the 7" casing & pressure test to 1000 psi. If tbg is stuck, cut off tbg approximately 100' below the 7" casing shoe, 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 5650'. 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.

**RECEIVED**

NOV 07 1985

**OIL CON. DIV.**

**DIST. 3**

DATE **11-4-85**

NOV 06 1985

DATE *[Signature]*

AREA MANAGER  
FARMINGTON RESOURCE AREA

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

SIGNED *[Signature]*

TITLE **Drilling Clerk**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

*ch d*

\*See Instructions on Reverse Side

**NMOCC**