

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		5. LEASE DESIGNATION AND SERIAL NO. NM 03195	
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, N.M. 87499-4289		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 1500'N, 810'W		8. FARM OR LEASE NAME Surray H	
14. PERMIT NO.		9. WELL NO. #2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6632' GL		10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T30N, R10W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

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

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.)*

This well has a casing failure and is not worth repair therefore, this well is to be plugged in the following manner:

- 1) Circulate hole with 9.2 PPG mud.
- 2) Spot 25 sack bottom plug from 3250' to 2342'.
- 3) Spot 10 sack plug from 2115' to 1752' across Ojo Alamo and Kirtland. POOH and W.O.C.
- 4) Load hole and wait for fluid level to equalize. Tag cement.
- 5) Tag fluid level with wireline, also tag cement to check W.L. Depth Counter.
- 6) Perforate 4 holes at fluid level.
- 7) Squeeze 100 sacks through holes in 2 7/8 and out B. H.
- 8) Spot 300 sack plug across squeeze holes.
- 9) Spot 191' plug at surface and install D. H. marker.

RECEIVED

JUL 29 1984

BUREAU OF LAND MANAGEMENT
NEW MEXICO RESOURCE AREA

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

SIGNED JB Grant

TITLE Production Engineer

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED Aug 8, 1984
AS AMENDED

DATE

JUL 05 1984

John Miller
AREA MANAGER

*See Instructions on Reverse Side