

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.)

5. LEASE DESIGNATION AND SERIAL NO.  
SF 078387

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Howell D

9. WELL NO.  
5E

10. FIELD AND POOL, OR WILDCAT  
Basin Dakota

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA  
Sec. 31, T-31-N, R-8-W  
NMPM

12. COUNTY OR PARISH  
San Juan

13. STATE  
NM

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR  
P. O. Box 4289, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1850'N 870'E

14. PERMIT NO.

15. ELEVATIONS (Show whether by RT, GN, etc.)  
6298' GL

RECEIVED  
JUL 15 1985

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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 checked="" 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.)\*

7-9-85 Spudded well at 2:00 PM 7-8-85. Drilled to 225'. Ran 5 jts, 9 5/8", 32.3# H-40 surface casing set at 217'. Cmt'd w/110 class B sks cmt, 1/4# Flocele/sk, 3% CaCl<sub>2</sub> (130 cu ft). Circ. to surface. WOC 12 hrs. Tested 600 psi/30 min. H<sub>2</sub>ld ok.

RECEIVED  
JUL 17 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED [Signature] TITLE Drilling Clerk DATE 7-12-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD  
DATE

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

CONDITIONS OF APPROVAL, IF ANY:

JUL 1985

\*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA