

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

SUBMIT IN TRIPLICATE*
(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.
10A

10. FIELD AND POOL, OR WILDCAT
Blanco Mesa Verde

11. SEC. T. R. M. OR BLK. AND
SUBSET OR AREA
**Sec. 17, T-30-N, R-10-W
N.M.P.M.**

12. COUNTY OR PARISH | 13. STATE
San Juan | NM

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 any State requirements. See also space 17 below.)
At surface **940'S, 900'E**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, or other)
641.9
**BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA**

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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) <input type="checkbox"/>	Running Casing <input 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.)*

8-22-85 TD 3272'. Ran 78 jts. 7", 20.0#, K-55 intermediate casing, 3260' set @ 3272'. Cemented with 200 sks. Class "B" 65/35 Poz, with 6% gel, 2% calcium chloride and 1/2 cu.ft./sack perlite (386 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (118 cu.ft.). WOC 12 hours. Held 1200#/30 min. Top of cement at 1600' by T.S.

8-25-85 TD 5720'. Ran 63 jts. 4 1/2", 10.5#, J-55 casing liner, 2607' set @ 5720'. Float collar set @ 5712'. Top of liner hanger @ 3113'. Cemented with 50 sks. Class "B" 50/50 Poz, 2% gel and 0.6% fluid loss additive (62 cu.ft.) and 290 sks. Class "B" 50/50 Poz with 2% gel, 6.25# gilsonite, 1/4# flocele, and 0.6% fluid loss additive (394 cu.ft.) WOC 18 hours. Circulated liner.

RECEIVED
AUG 28 1985
OIL COMPANY
DIST.

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

SIGNED *Reggie Cook*

TITLE Drilling Clerk

DATE 8-26-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

AUG 27 1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
BY *CRB*