

**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

5. LEASE DESIGNATION AND SERIAL NO.

SF 078200B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Riddle B

9. WELL NO.

11E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA

Sec. 23, T-30-N, R-10-W
N.M.P.M.

12. COUNTY OR PARISH 13. STATE

San Juan 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 any State requirements.*
See also space 17 below.)
At surface 1450'N, 1450'W

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14. PERMIT NO.
DEC 06 1985

15. ELEVATIONS (Show whether DP, RT, GR, etc.)
6292'GL

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

BUREAU OF LAND MANAGEMENT INTENTION TO:		SUBSEQUENT REPORT OF:	
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"/>		
		WATER SHUT-OFF	<input type="checkbox"/>
		FRACTURE TREATMENT	<input type="checkbox"/>
		SHOOTING OR ACIDIZING	<input type="checkbox"/>
		(Other) Running Casing	<input type="checkbox"/>
		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
		REPAIRING WELL	<input type="checkbox"/>
		ALTERING CASING	<input type="checkbox"/>
		ABANDONMENT*	<input type="checkbox"/>

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.)*

11-29-85 TD 3307'. Ran 83 jts. 7", 20.0#, K-55 casing 3296' set @ 3307'. Cemented with 200 sks. Class "B", 65/35 POZ mix, 6% gel, 2% calcium chloride, 1/2 cu ft Perlite/sk (386 cu.ft.) followed by 100 sks class B, 2% calcium chloride (118 cu ft). WOC 12 hours. Held 1200#/30 minutes. Top of cement @ 1325'.

12-4-85 TD 7501'. Ran 182 jts. 4 1/2", 10.5 & 11.6#'s, J-55 casing 7489' set @ 7501'. Float collar set at 7490'. Cmt'd w/245 sks class B, 8% gel, 1/4# cu ft fine Gilsonite/sk, 0.4% HR-7 (532 cu ft), followed by 100 class B, 1/4# fine tuf-plug/sk 0.4% HR-7 (118 cu ft). WOC 18 hrs. Top of cement set @ 3700'.

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DEC 12 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Peggy L. Cook

TITLE Drilling Clerk

DATE 12-5-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCC