

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

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 <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME Grambling C
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	9. WELL NO. 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1155'S, 790'W	10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO. DEC 10 1985	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-30-N, R-10-W N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6449' GL	12. COUNTY OR PARISH San Juan
	13. STATE NM

18. 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"/>	

(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.)*

- 12-1-85 Cement fell down backside of surface casing. Cemented to surface with 35 sks. Class "B" with 1/4# gel-flake per sack and 3% calcium chloride (41 cu.ft.) WOC 8 hrs.
- 12-3-85 TD 3455'. Ran 82 jts. 7", 20.0#, K-55 intermediate casing, 3443' set @ 3455'. Cemented with 207 sks. Class "B" 65/35 Poz, with 6% gel, 2% calcium chloride and 1/2 cu.ft./sack perlite (399 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.
- 12-7-85 TD 7676'. Ran 185 jts. 4 1/2", 10.5# and 11.6#, K-55 production casing, 7664' set at 7676'. Cemented with 245 sks. Class "B" with 8% gel, 1/4 cu.ft. fine gilsonite/sk. and 0.4% HR-7 (532 cu.ft.) followed by 100 sks. Class "B" with 1/4 # fine tuf-plug and 0.4% HR-7 (118 cu.ft.). Top of cement by T.S. @ 2700'.

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

SIGNED Reynold L. Deal

TITLE Drilling Clerk

DATE 12-17-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCC