Form 3160-5 (November 1983) (Formerly 9-331)

Τ

UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SF 077764

| SUNDRY | NOTICES | AND | REPORTS | ON | WELLS | 1 |
|----------------------|----------------|-------------|----------------|--------|-------------------------|---|
| not use this form to | r proposals to | deill or to | deepen or plug | back t | o a different reservoir | / |

(Do not use this form for proposals to drill or to uccept of plan Use "APPLICATION FOR PERMIT—" for such proposals.)

7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME

NAME OF OPERATOR El Paso Natural Gas Company

OTHER

3 ADDRESS OF OPERATOR

Schumacher

Post Office Box 4289 Farmington, NM 87499
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT

1720'S, 1755'E

Blanco Mesa Verde 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

RECEIVED

Sec.17, T-30-N, R-10-WN.M.P.M.

San Juan

14. PERMIT NO. DEC 24 1995

REPAIR WELL

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH 13. STATE

NM

6452 GL Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

BUREAU OF LAND MANAGEMENT

| FASHINGTON RESOURCEIGN OF INTENTION TO: | | | | | | | |
|---|--|----------------------|---|--|--|--|--|
| TEST WATER SHUT-OFF | | PULL OR ALTER CASING | _ | | | | |
| FRACTURE TREAT | | MULTIPLE COMPLETE | | | | | |
| SHOOT OR ACIDIZE | | ABANDON* | _ | | | | |

WATER SHUT-OFF REPAIRING WELL. FRACTURE TREATMENT ALTERING CASING ABANDONMENT* SHOOTING OR ACIDIZING

CHANGE PLANS

(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 sones pertinent to this work.)

Ran 85 jts. 7", 20.0 #, (K-55) intermediate casing, 12-19-85 3392' set @ 3404'. Cemented with 215 sks. Class "B" 65/35 Poz, with 6% gel, 2% calcium chloride and 1/2 cu.ft./sack perlite (415 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (118 cu.ft.). WOC 12 hours. Held 1200#/30 Top of cement at 700' by T.S.

TD 5774'. Ran 62 jts. 4 1/2", 10.5#, J-55 casing liner, 12-21-85 2513' set @ 5774'. Float collar set @ 5763'. Top of liner hanger @ 3262'. Cemented with 50 sks. Class "B" 50/50 Poz, 2% gel and 0.6% fluid loss additive (62 cu.ft.) and 278 sks. Class "B" 50/50 Poz with 2% gel, 6.25# gilsonite, 1/4# flocele, and 0.6% fluid loss additive (378 cu.ft.) WOC 18 hours. Circulated liner.

EGELYEN

| | | JAN 06 198 | 6 |
|--|----------------------|------------|---------------------------|
| 18. I hereby certify that the foregoing is true and correct SIGNED | TITLE Drilling Clerk | OIL CON. D |) V ₁₂₋₂₃₋₈₅ |
| (This space for Federal or State office use) | | | |
| APPROVED BY | TITLE | DATE | المادة بين المادة <u></u> |