Form approved. Budget Bureau No. 1004-0135 Form 3150-5 (November 1983) UNITED STATES SUBMIT IN TRIPLICATE. Expires August 31, 1985 DEPARTMENT OF THE INTERIOR (Other instructions on re (Formerly 9-331) 5. LEASE DESIGNATION AND SERIAL NO. SF 078128 BUREAU OF LAND MANAGEMENT 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME WELL T NAME OF OPERATOR 8. FARM OR LEASE NAME Fl Paso Natural Gas Company Turner 3. ADDRESS OF OPERATOR 9. WELL NO. 7 Post Office Box 4289, Farmington, NM 87499 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 10. FIELD AND POOL, OR WILDCAT See also space 17 below.)
At surface 790'N, 1810'E Blanco Pic. Cliffs 11. SEC., T., B., M., OR BLK. AND Sec. 13, T-30-N, R-10-W RECEIVED N.M.P.M. 14. PERMIT NO. 15. ELEVATIONS (Show whether DF. RT. GR. etc.) 12. COUNTY OR PARISH | 13. STATE JAN 1 0 1986 6494 'GL San Juan NM Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. Bescribe Proposed or Completion 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.)*

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

BUREAU OF LAND MANAGEMENT

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

FARMINGTON RESOURCE AREA OF INTENTION TO:

1-5-86 Spudded well at 11:30 a.m. 1-5-86. Drilled to 135'. Ran 3 jts. 8 5/8", 24.0#, J-55 surface casing set at 133'. Cemented with 110 sks. Class "B", with 1/4# gel flake/sk, 3% calcium chloride, (130 cu.ft.). Circulated to surface. WOC 12 hours. Tested 600#/30 minutes, held ok.

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

SUBSCOUBNT REPORT OF:

Spud

REPAIRING WELL

ALTERING CASING

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ABANDON MENT®

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8. I hereby certify that the foregoing is true and correspond to the supplies of the supplies	TITLE Drilling Clerk	DAGGEPTED FOR -8-CORD
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	JAC 13 1-36
		PAR MINUTOTE NECOO. SE MINEA
		H/

*See Instructions on Reverse Side