

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 type="checkbox"/> <input checked="" type="checkbox"/> 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 990'N, 713'E	
14. PERMIT NO. SEP 25 1986	15. ELEVATIONS (Show whether DP, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO. SF 080657	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME San Juan 32-5 Unit	
8. FARM OR LEASE NAME San Juan 32-5 Unit	
9. WELL NO. 9	
10. FIELD AND POOL, OR WILDCAT	
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 31, T-32-N, R-5 -W N.M.P.M.	
12. COUNTY OR PARISH Rio Arriba	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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"/>	(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.)*

All equipment has been removed from location, dry hole monument has been labeled, location has been seeded and is ready for final inspection.

RECEIVED
OCT 03 1986
OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD

18. I hereby certify that the foregoing is true and correct	
SIGNED <u>Wagdy L. Sak</u>	TITLE <u>Drilling Clerk</u>
(This space for Federal or State office use)	
APPROVED BY _____	TITLE _____
CONDITIONS OF APPROVAL, IF ANY:	
DATE <u>09-23-86</u> <u>OCT 02 1986</u>	
FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	
BY <u>ah</u>	

*See Instructions on Reverse Side
OPERATOR NMOC