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**OIL CONSERVATION DIVISION**  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

5d. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.  
E-3150-1

**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 -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. Name of Operator

El Paso Natural Gas Company

2. Address of Operator

P. O. Box 4289, Farmington, NM 87499

3. Location of well

UNIT LETTER N 840 FEET FROM THE South LINE AND 1690 FEET FROM  
THE West LINE, SECTION 36 TOWNSHIP 31N RANGE 12W NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

Brookhaven Com

9. Well No.

17

10. Field and Pool, or Wildcat

Aztec Pictured Cliffs Ex

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

5895' GL

12. County

San Juan

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

Running Casing ☒

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9-23-85

Ran 79 jts. 2 7/8", 6.5#, K-55 production casing, 2425' set @ 2437'. Baffle @ 2427'. Cemented with 415 sks. Class "B" 65/35 Poz with 6% gel and 1/2 cu.ft. perlite (801 cu.ft.) followed by 75 sks. Class "B" with 10% D-53 RFC (101 cu.ft.) WOC 18 hours. Top of cement @ 500' T.S.

OIL CON. DIV.  
DIST. 3

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED

TITLE Drilling Clerk

DATE 9-24-85

Original Signed by FRANK T. CHAVEZ

APPROVED BY

TITLE SUPERVISOR DISTRICT # 3

DATE

**SEP 25 1985**

CONDITIONS OF APPROVAL, IF ANY: