

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-01
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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR EP Operating Company	8. FARM OR LEASE NAME Federal 31
3. ADDRESS OF OPERATOR 6 Desta Drive, Suite 5250, Midland, TX 79705-5510	9. WELL NO. # 121
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1810' FNL, 2340' FEL	10. FIELD AND POOL, OR WILDCAT Ute Dome (Penn.)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T32N, R13W
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 6324' GR	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" 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.)

Work performed from 7/31/89 thru 8/7/89: Blew down well, pulled tubing. Set CIBP @ 7750'. Dumped 54' cement on top of plug. Circulated hole w/9# fresh water mud system. Tested casing & CIBP to 1000#, O.K. Perforated 4 squeeze holes @ 7158'. Set cement retainer @ 6950'. Could not pump into perforations. Mixed & pumped 23 sx Class G cement spotted from 6950'-6750'. Perforated 4 squeeze holes @ 5290'. Set cement retainer @ 5080'. Squeezed w/85 sx Class G cement. Attempted to run perforating gun to 4670'. Could not get below 4260'. Omitted perforations @ 4670' w/BLM representative's approval. Perforated 4 squeeze holes @ 4230'. Set cement retainer @ 4011'. Squeezed w/85 sx Class G cement. Perforated 4 squeeze holes @ 3230'. Set cement retainer @ 3026'. Squeezed w/85 sx Class G cement. Perforated 4 squeeze holes @ 2994'. Set cement retainer @ 2776'. Could not pump into perforations. Mixed & pumped 23 sx Class G cement spotted from 2776'-2576'. Perforated 4 squeeze holes @ 1580'. Set cement retainer @ 1361'. Squeezed w/85 sx Class G cement. Perforated 4 squeeze holes @ 746'. Set cement retainer @ 568'. Squeezed w/85 sx Class G cement. Bradenhead circulated on last squeeze. Cut off 10-3/4" bradenhead 4' below ground level. Laid 10 sx Class G cement plug from 60' to surface. 9# mud between all plugs. Installed dry hole marker. Cut off safety anchors. Cleaned and leveled location. Location ready for inspection.

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

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

SIGNED A. D. Reed

TITLE Production Superintendent

APPROVED
DATE 8/28/89

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE SEP 05 1989

Ken Townsend
AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side