

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

With 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 formation.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER		87 SEP 24 AM 9:39		7. UNIT ASSIGNMENT NAME Lindrith Unit	
2. NAME OF OPERATOR El Paso Natural Gas Company		FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO		8. FARM OR LEASE NAME Lindrith Unit	
3. ADDRESS OF OPERATOR PO Box 4289, Farmington, NM 87499				9. WELL NO. 59	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650'N, 890'W				10. FIELD AND POOL, OR WILDCAT S. Blanco Pic. Cliffs	
				11. SEC., T., R., M., OR S.W. AND SUBV. OR AREA Sec. 32, T-24-N, R-2-W NMPM	
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, RT, OR, etc.) 7219' GL		12. COUNTY OR PARISH Rio Arriba	
				13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)*

It is intended to set a packer @ 2950' on 1 1/4" tubing to isolate a suspected casing failure, and try to recover commercial production.

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

SIGNED

[Signature]

TITLE

Drilling Clerk

DATE

9-23-87

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC