N . OF COPIES RECEIVED	É	4				Form C-103 Supersedes Old
DISTRIBUTION	 					C-102 and C-103
SANTA FE	1/1	NEW MEXI	CO OIL CONS	ERVATION COMMISSION		Effective 1-1-65
FILE	1					
U.S.G.S.						5a. Indicate Type of Lease
LAND OFFICE						State Fee X
OPERATOR	/					5, State Oil & Gas Lease No.
	. <u></u>					***************************************
(DO NOT USE THIS FO USE	SUN FOR FOR	DRY NOTICES AND R PROPOSALS TO DRILL OR TO D CATION FOR PERMIT - " (FORM	EPORTS ON EEPEN OR PLUG B 1 C-101) FOR SUC	WELLS ACK TO A DIFFERENT RESERVOIS H PROPOSALS.)	₹.	
I. OIL WELL WELL OTHER-						7. Unit Agreement Name Lindrith Unit
2. Name of Operator						8. Farm or Lease Name
El Paso Natural Gas Company						Lindrith Unit
3. Address of Operator						9. Well No.
PO Box 990, Farmington, NM 87401						88
4. Location of Well						10. Field and Pool, or Wildcat
D		810 	24N	2W	FEET FROM	So.Blanco PC
				RANGE 2W		
mmmm	7777	15, Elevation	Show whether	DF, RT, GR, etc.)		12. County
	/////	111111	7063'GL			Rio Arriba
16.	7777	L Assessint Day T	a Indiana N	lature of Notice Dane	** or Osl	no Data
NOTI		EK Appropriate BOX 16	o indicate N	lature of Notice, Repo		REPORT OF:
PERFORM REMEDIAL WORK	٦	PLUG AN	ID ABANDON	REMEDIAL WORK		ALTERING CASING
F	╡			COMMENCE DRILLING OPNS.		PLUG AND ABANDONMENT
TEMPORARILY ABANDON	╡	CHANGE	n, s, s	CASING TEST AND CEMENT JQ		TEGO AND ADAMS INITIAL
PULL OR ALTER CASING		CHANGE	PLANS	OTHER	ه لــا	
Permit t	:0 D:	rill Extension	XT	VINER		
OTHER						
17. Describe Froposed or Co	ompleted	d Operations (Clearly state o	all pertinent dete	ails, and give pertinent dates	, including	estimated date of starting any proposed
work) SEE RULE 1103.						
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well car	ı be	spudded. The	refore,	an extension is	s requ	ested.
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	APPR	IOVAL VALID				Sr. Com
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		F COMMENCED.				Dis.
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PVerson	. /	2.29-76				
EXPIRES	·	0019				
				of my knowledge and belief		
18. I hereby certify that the	informa	tion above is true and compl	iete to the best	or my knowledge and bellef.		
SIGNED LEGGIG	1	Stag Lica	TITLE D	rilling Clerk		September 27,197
100	1					
//// T	10	udille	T * T * E			DATE
APPROVED BY	1					
CONDITIONS OF APPROVA	AL. NE A	ANY:				