Form 3160–5
(November 1983)
(Formerly 9–331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 1004–0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
SF-078912

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL ☐ GAS WELL ☐ X OTHER

7. UNIT AGREEMENT NAME
Lindrith Unit

2. NAME OF OPERATOR
El Paso Natural Gas Company

8. FARM OR LEASE NAME
Lindrith Unit

3. ADDRESS OF OPERATOR
Post Office Box 4289, Farmington, NM 87499

9. WELL NO.
95

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1700'N, 1800'E

10. FIELD AND POOL, OR WILDCAT
S.Blanco Pic.Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec.10,T-24-N,R-3 -W
N.M.P.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6936'GL

12. COUNTY OR PARISH 13. STATE
Rio Arriba NM

16.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) _____	
(Other)		(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.) *

A packer was installed 10-12-87 to isolate possible casing failure.
Because of being on the over-produced list, this well has not had
sufficient "on-time" to make a determination of its ability to recover
commerical production. An extension of test period to the end of the
third quarter 1988 is requested.

RECEIVED
JUL 11 1988
OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES _____

18. I hereby certify that the foregoing is true and correct
SIGNED _____ TITLE Drilling Clerk(CS) DATE 06-29-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
JUL 07 1988
AREA MANAGER

*See Instructions on Reverse Side