

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
P.O. Box 289, Farmington, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1780'S, 1650'E

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☒
☐
☐
☐
☐
☐
☐

5. LEASE

SF 078913

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Lindrith Unit

8. FARM OR LEASE NAME

Lindrith Unit

9. WELL NO.

103

10. FIELD OR WILDCAT NAME

S. Blanco PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 21 T 24 -N, R-3-W NMPN

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

7150' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

12-8-80: PBTD 3283'. Tested casing to 4000# OK. Perfed: 3229, 3234, 3258, 3260, 3263, 3265, 3267' W/1 SPZ. Fraced w/23,000# 10/2 sand, 33,000 gal. wtr. Flushed w/ 2150 gal. wtr.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Dr. H. Guico TITLE Drilling Clerk DATE Dec. 10, 1980

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY JAN 12 1981
CONDITIONS OF APPROVAL IF ANY:

TITLE _____ DATE _____

FARMINGTON DISTRICT

NMOCC