Section Section

Section in

UNITED STATES

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LEASE		
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DEPARTMENT OF THE INTERIOR	Br 910900
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME Lindrith Unit
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME Lindrith Unit
1. oil gas 🖾 other	9. WELL NO.
2. NAME OF OPERATOR El Paso Natural Gas Company	104 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	S. Blanco PC
P.O. Box 289, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 940'S, 1600'E	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-24-N R-2-W NMPM
AT SURFACE:	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Rio Arriba New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
CHANGE ZONES	VOIL COLL
ABANDON*	DIST.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is different measured and true vertical depths for all markers and zones pertined	irectionally drilled, give subsurface locations and

Spudded well. Drilled surface hole. Ran 5 joints 8 5/8", 24#, 5-7-81: KS surface casing 207' set at 219'. Cemented w/ 165 cf. cement. Circ. to surface. WOC 12 hours; held 600#/30 minutes.

TD 3326'. Ran 83 joints of 4 1/2", 10.5#, K-55 Production 5-13-81: casing 3316' set at 3326'. Cemented w/ 234 cf. cement. WOC 12 hours; held 1200#/30 minutes. Top of cement at 24001.

Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED No. Jusco TITLE Drilling Clerk DATE	May 13, 1981
(This space for Federal or State office use)	
APPROVED BY TITLE DATE CONDITIONS OF APPROVAL, IF ANY:	

*See Instructions on Reverse Side

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FALLING COLDES - F