

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form 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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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. 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
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 26, T-26-N, R-6-W N.M.P.M. 240
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7219'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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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 was installed 09-16-87 to isolate casing failure. Plans are in process to squeeze repair the casing but are waiting on management approval. An extension until 9-1-88 is requested so that approval can be obtained and an intent submitted.

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

THIS APPROVAL EXPIRES 9/1/88

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

SIGNED

TITLE

Regulatory Affairs (CS)

DATE

07-28-88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMCCC

*See Instructions on Reverse Side

APPROVED
AUG 9 1988
AREA MANAGER