

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(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"/> <input checked="" type="checkbox"/> OTHER	30 APR -5 AM 11:29	5. LEASE DESIGNATION AND SERIAL NO. SF-078909
2. NAME OF OPERATOR El Paso Natural Gas Company	FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		7. UNIT AGREEMENT NAME Lindrith Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650'N, 950'E		8. FARM OR LEASE NAME Lindrith Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7082'GL	9. WELL NO. 65
		10. FIELD AND POOL, OR WILDCAT So. Blanco Pic. Cliffs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-24-N, R- 2-W N.M.P.M.
		12. COUNTY OR PARISH 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)\*

It is intended to plug this well in the following manner:

MOL&RU. TIH w/1 1/4" tbg to 3037'. Spot 18 sx (2.875" csg) cement to cover the Pictured Cliffs perms to 50' above the Ojo Alamo for a plug from 3133-2590' (Ojo Alamo-2640' - top of cement 2410' T.S.).

WOC 6 hrs. Tag plug and record top. Circulate 15 bbls. of 9.2# mud. Perforate 2 squeeze holes 50' below the base of the surface casing @ 183'GL. Circulate 55 sx. cement from surface and out bradenhead. Cut off wellhead and set dry hole marker w/10 sx. cement.

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

SIGNED

TITLE Drilling Clerk(CS)

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

04-05-88

APR 07 1988

DATE

AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side