

**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     GAS WELL     OTHER

2. NAME OF OPERATOR  
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR  
PO Box 4289, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface                      1180'S, 880'E

14. PERMIT NO.                      15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
  
7208'GL

5. LEASE DESIGNATION AND SERIAL NO.  
SF 078914

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Lindrith Unit

8. FARM OR LEASE NAME  
Lindrith Unit

9. WELL NO.  
112

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 26, T-24-N, R-3-W  
NMPM

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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(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.)\*

12-4-84 TD 3348'. Ran 87 jts. 4 1/2", 10.5#, K-55 production casing, 3338' set at 3348'. Float valve set at 3335'. Cemented with 266 cu.ft. cement. WOC 12 hours. Top of cement at 2300'.

**RECEIVED**  
**DEC 21 1984**  
**OIL & GAS DIV.**  
**DISK 3**

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

SIGNED *Deanna Bradford* TITLE Drilling Clerk DATE 12-18-84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

**ACCEPTED FOR RECORD**  
**DEC 19 1984**

\*See Instructions on Reverse Side  
**NMOCC**

FARMINGTON RESOURCE AREA  
RV sm