

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-~~R1424~~

5. LEASE DESIGNATION AND SERIAL NO.

NM 807435

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 "APPLICATION FOR PERMIT-" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

LYNCO OIL CORPORATION

3. ADDRESS OF OPERATOR

5290 DTC Parkway, Building #2, Englewood, Colorado 80111

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1090' FNL & 1850' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, GR, etc.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Peggy Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

So. Blanco, PC

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

Sec. 8-T23N-R1W

12. COUNTY OR PARISH 13. STATE

Rio Arriba N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Change well name Peggy Federal #1A to Peggy Federal #1J

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

SIGNED

ORIGINAL SIGNED BY

E. L. FUNDINGSLAND, JR.

(This space for Federal or State office use)

TITLE Vice President

DATE 10-26-79

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side