Form 9-331 (May 1963)

UNITED STATES SUBMIT IN TRIPLICATE* Other instructions on reverse side DEPARTMENT OF THE INTERIOR verse side) From approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

| GEOLOGICAL SURVEY | | | | SF 078910 |
|--|-----------------------------|--------------------|--|--|
| | NOTICES AND R | | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| (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 GAS WELL X OTHER | | | | 7. UNIT AGREEMENT NAME Lindrith |
| 2. NAME OF OPERATOR | | | | S. FARM OR LEASE NAME |
| El Paso Natural Gas Company 3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, New Mexico 87401 | | | | Lindrith 9. WELL NO. |
| | | | | 71 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | | | 10. FIELD AND POOL, OR WILDCAT |
| | | | | So. Planco PC 11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA |
| 1180/s, 1830/E | | | | Sec. 24, T24N , R3W |
| 14. PERMIT NO. | 15. ELEVATIONS (S | Show whether DF, R | T, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| | 7145 GL | | | Rio Arriba NM |
| | eck Appropriate Box T | o Indicate Na | ture of Notice, Report, o | or Other Data |
| ROINE | ٦ | | | |
| TEST WATER SHUT-OFF | PULL OR ALTER CAS | | WATER SHUT-OFF FRACTURE TREATMENT | REPAIRING WELL ALTERING CASING |
| FRACTURE TREAT SHOOT OR ACIDIZE | MULTIPLE COMPLETE ABANDON* | · | SHOOTING OR ACIDIZING | ABANDONMENT* |
| REPAIR WELL | CHANGE PLANS | | (Other) Tubing I | nstallation |
| (Other) | | | (Note: Report red Completion or Rec | sults of multiple completion on Well ompletion Report and Log form.) |
| nent to this work.) * | | | | ates, including estimated date of starting any ortical depths for all markers and zones perti- of 3195' set at 3205'. |
| | | afr FIVE | | The state of the s |
| | | i (la Géladi) l | | K COEST BY |
| | | JAN 9 19 | 73 | ريك |
| | 1 | | 1 | JAN 8 1973 |
| | /0 | IL CON. CO |)M. / | |
| | | DIST. 3 | | U. S. C. G. BECAL GEXALY PSR C 10, CCLO. |
| | | | | |
| 18. I hereby certify that the formation of the signed of t | regoing is true and correct | | duction Engineer | DATE 1/4/73 |
| (This space for Federal or | State office use) | • | | |
| APPROVED BYCONDITIONS OF APPROVED | /AL, IF ANY: | TITLE | | DATE |