							/ .
NO. OF COPIES RECEIVED	5					Form C-103 Supersedes Old	
DISTRIBUTION	+	_				C-102 and C-103)
SANTA FE	++++	NEW	MEXICO OIL CONS	ERVATION CO	DMMISSION	Effective 1-1-65	
FILE	+++					5a. Indicate Type of	f Lease
U.S.G.S.	+					State	Fee X
OPERATOR .	+,					5. State Oil & Gas I	
OF ERATOR							
(DO NOT USE THIS FO							
I. OIL GAS	7. Unit Agreement N Lindrith Un						
2. Name of Operator	8. Farm or Lease N						
El Paso Nat	tural Gas	Company		· .		Lindrith Un	
PO Box 990	9. Well No. 80						
4. Location of Well						10. Field and Pool,	or Wildcat
UNIT LETTERM	8	800 	FROM THE South	LINE AND	1040 FEET	So. Blanco P	ictured Cliffs
West	LINE, SECTIO	N11		T RANGE _	3W N,	ирм.	
mmm	m	TTT 15 F1	evation (Show whether	DF RT CR et		12. County	
		////// , c.		5'GL	,	Rio Arriba	
16.	Check	Inpropriate E	Box To Indicate N		tice Report or		
NOTI		TENTION TO		latare of No	•	ENT REPORT OF:	
PERFORM REMED!AL WORK	7		PLUG AND ABANDON	REMEDIAL WOR	.к 🗀	ALTERING	G CASING
TEMPORARILY ABANDON	ヺ			COMMENCE DR	• =	PLUG AND	ABANDONMENT
PULL OR ALTER CASING	<u> </u>	4	CHANGE PLANS	CASING TEST A	ND CEMENT JQB		
_	_			OTHER			
OTHER Permit to I	rill Exte	ension	X			•	
17. Describe Proposed or C work) SEE RULE 1 (03.		erations (Clearly	state all pertinent det	ails, and give p	ertinent dates, inclu	ding estimated date of sta	urting any proposed
•		4 41 UD	. (4 4 - D., 1111)	11 1		1 1 11 1	
it is anticip	sated tha	t the Perm	it to Drill Wu	ı expire be	erore this wer	l can be spudded.	
Therefore,	an exter	nsion is rec	quested.		:		
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			Ç.	12-16-	1d -		
			*	4-	77	AND THE RESERVE OF THE PARTY OF	•
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18. I hereby certify that the	1-10	ahana ia taura a	d complete to the best	of my knowled-	and helief		
in increby certify that the	, antormation	ennae is tine su	a complete to the oest	. my knowledge	. and Dellei.		
SIGNED M. M.	Duce	d		lling Clerk		DATE Septer	mber 17, 197
							Programme
APPROVE Original Sig	med by 3	مه ا او ا پرمجوا	-01d TITLESUP	revisci -	7	SEP :	() ()
APPROVED TE	, · · · · · · ·		TITLESUL	THE PARTY		DATE	

CONDITIONS OF APPROVAL, IF ANY: