Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9–331–C for such proposals.)

1. oil well ☐   gas well ☒   other

2. NAME OF OPERATOR
   El Paso Natural Gas Company

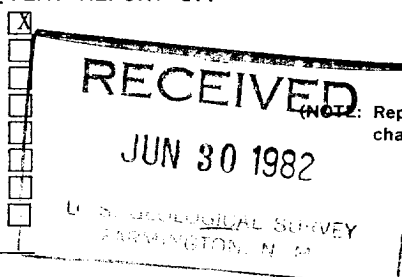3. ADDRESS OF OPERATOR
   P.O. Box 289, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE: 795'S, 860'W
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:

5. LEASE
   SF 078908

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
   Lindrith Unit

8. FARM OR LEASE NAME
   Lindrith Unit

9. WELL NO.
   109

10. FIELD OR WILDCAT NAME
    S. Blanco Pic. Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR
    AREA   Sec. 7, T-24-N, R-2-W
    NMPM

12. COUNTY OR PARISH   13. STATE
    Rio Arriba   New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    7112' GL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

	REQUEST	SUBSEQUENT
TEST WATER SHUT-OFF	☐	☒
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other)		

NOTE: Report results of multiple completion or zone change on Form 9–330.)

RECEIVED JUN 30 1982 U.S. GEOLOGICAL SURVEY FARMINGTON, N.M.

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.)

6-28-82: Spudded well. Drilled surface hole. Ran 3 joints
         8 5/8", 24#, KS surface casing 126' set at 138'.
         Cemented w/106 cf. cement. circ. to surface. WOC
         12 hours;held 600#/30 minutes.

RECEIVED JUL 7 1982 OIL CON. COM. DIST. 3

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Drilling Clerk DATE June 29, 1982

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

FARM
BY _____ Smm