

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS

(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Lindrith Unit
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME Lindrith Unit
3. ADDRESS OF OPERATOR Post Office Box 4280, Farmington, NM 87499		9. WELL NO. 115
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1060'N, 1815'W		10. FIELD AND POOL, OR WILDCAT Basin Dakota S. Blanca R ext.
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AB. Sec. 28, T-24-N, R-03-W N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6950'GL		12. COUNTY OR PARISH Rio Arriba NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	Spud Well <input type="checkbox"/>

(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.)*

8-22-85 Spudded well at 5:00 p.m. 8-22-85. Drilled to 342'. Ran 8 jts. 8 5/8", 24.0#, J-55 surface casing set at 342'. Cemented with 200 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (236 cu.ft.). Circulated to surface. WOC 12 hours. Tested 600#/30 minutes, held ok.

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

SIGNED

Peggy Leah

TITLE Drilling Clerk

DATE

8-23-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY

030150000