

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 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME Lindsey
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1160'S, 1180'E	10. FIELD AND POOL, OR WILDCAT Blanco Pic. Cliffs
14. PERMIT NO. OCT 16 1985	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-30-N, R- 9-W N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 5894' GL	12. COUNTY OR PARISH San Juan
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <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.)*

8-30-85 PBTD 2782'. Tested casing to 4000#, ok. Perf'd 2697', 2706', 2714', 2721', 2729', 2737', 2744', 2751', 2763', 2772' w/1 spz. Fraced w/44,000# 10/20 sand and 51,520 gallons treated water. Flushed with 672 gallons water.

RECEIVED
OCT 21 1985
OIL CON. DIV.
DIST. 3

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

SIGNED <u>Peggy Deak</u>	TITLE <u>Drilling Clerk</u>	DATE <u>10-14-85</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>1985</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
BY _____