

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other T.A. Well (Temporarily Abandoned)

2. Name of Operator
John H. Hendrix Corporation

3. Address and Telephone No.
P.O. Box 910, Eunice, N.M. 88231 505-394-2649

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

UL-E S-23 T-20 R-38

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NMNM 23777

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Linda Federal # 3

9. API Well No.

10. Field and Pool, or Exploratory Area
Blinbry

11. County or Parish, State

Lea County, N.M.

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

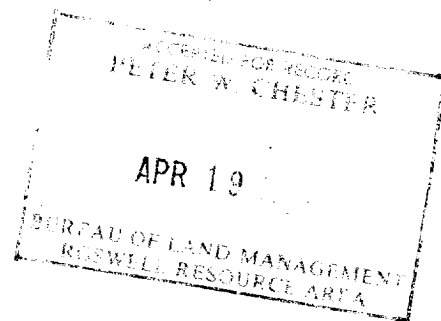
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Casing Integrity Test
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Sirs: As per BLM rules, we performed a casing integrity test on the above well. Casing was pressure tested to 500 psi and held for 30 minutes. This test was witnessed by a BLM representative. Please find enclosed chart.



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

Signed William E. Gamm

Title Prod. Supt.

Date 4/6/99

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

GWW

