Form 9-331 (May 1963)

## UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. Lease designation and serial No.
Fed. N.M. 03010

GEOLOGIC	rea. N.M. 03010				
SUNDRY NOTICES AN  (Do not use this form for proposals to drill o			6. IF INDIAN, ALLOTTEE OR TRIBE NAME  N / A		
1. OIL GAS X OTHER			7. UNIT AGREEMENT NAME NONE		
2. NAME OF OPERATOR			8. FARM OR LEASE NAME		
Vista Resources, Inc.			John S. Dashko		
3. ADDRESS OF OPERATOR			9. WELL NO.		
800 Rio Grande Blvd. N.W., Sui	te 10, Albuqu	erque, N.M. 87104	1		
4. Location of Well (Report location clearly and in See also space 17 below.) At surface 2510' FSL 790' FEL (N	10. FIELD AND POOL, OR WILDCAT  Basin Dakota  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec. 11, T 24 N - R 7 W				
14. PERMIT NO.   15. ELEVAT	IONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE		
11. ADMINIT	19' GL	6912' KB	Rio Arriba NM		
,, ,	Sox to indicate No	ature of Notice, Report, or			
NOTICE OF INTENTION TO:		SUBS	EQUENT REPORT OF:		
TEST WATER SHUT-OFF PULL OR ALTE	R CASING	WATER SHUT-OFF	REPAIRING WELL		
FRACTURE TREAT MULTIPLE CO.	MPLETE	FRACTURE TREATMENT	ALTERING CASING		
SHOOT OR ACIDIZE ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*		
REPAIR WELL CHANGE PLAN	s	(Other) <u>Setting F</u>	roduction USG. [XX] Its of multiple completion on Well		
(Other)		Completion or Recor	npletion Report and Log form.)		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Cle proposed work. If well is directionally drilled, nent to this work.) *	arly state all pertinent give subsurface locati	details, and give pertinent dat ons and measured and true ver	es, including estimated date of starting any tical depths for all markers and zones perti-		
	Cemented fi ad 2% D-20. P tage w/75 sac sig. Good re	rst stage through s lug down at 4 AM 12 ks Class B as shown	shoe at 6958 w/700 sx 2/27/80. Opened stage tool n above. PD 5 AM 12/27/80.		
RECEIVE  JAN 2 198  U. S. GEOLOGICAL S FARMMINGTON, N.	ú urvey		OIL CON, COM.		

18. I hereby certify that the foregoing is true and correct		Secretary-Treasurer		12/20/80
SIGNED C. D. Gritz	TITLE	Secretary-freasurer	DATE	12/23/00
(This space for Federal or State office use)  ACCEPTED FULL MEDICAL APPROVED BY	TITLE .		DATE	
conditions of ApproxAL IF ANY: JAN 0 7 1961				

\*See Instructions on Reverse Side