DEPA	UNITED STATES RTMENT OF THE INTER	SUBMIT IN TRIPLIC (Other Instructions of verse side)	ATE* Form approved. Budget Bureau No. 42-R1424 LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY		SF-079162
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.)			G. IF INDIAN, ALLOTTED OR THIBE NAME
i.	**************************************	· · · · · · · · · · · · · · · · · · ·	7. UNIT AGREEMENT NAME
WELL GAS WELL OTH	RR Shut in.	:	
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
DEPCO, Inc.			MKL
8. ADDRESS OF OPERATOR			D; WELL NO.
1025 Petroleum Club Bldg Denver, CO 80202 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			1 5
see also space 17 below.)			10. FIRLD AND POOL, OR WILDCAT
990' FNL, 990' FEL Sec 5-T26N-R7W			Blanco So P.C. 11. SEC., T., E., M., OR BLR. AND SURVEY OR AREA
			Sec 5-T26N-R7W
14. PERMIT NO.	15. ELEVATIONS (Show whether D	F, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	6637' GR		Rio Arriba NM.
16. Check	Appropriate Box To Indicate N	Natura of Nation Report	or Other Data
		_	
NOTICE OF INTENTION TO:		80	BSEQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	sults of multiple completion on Well
	Temp. Aban Status	Completion or Re-	completion Report and Log form.)
proposed work. If well is dir nent to this work.) *	rectionally drilled, give subsurface loca	it details, and give pertinent of tions and measured and true v	lates, including estimated date of starting any ertical depths for all markers and zones perti-
nent to this work,			
\mathbb{K} L 4-15 has not so	ld any gas since Ma	v. 1971 when t	the well died
IKL 4-15 has not so roduction had been	1d any gas since Ma	1971, when the 1971	the well died.
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TITLE _

DATE

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: