

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/>                              | 7. UNIT AGREEMENT NAME   |
| 2. NAME OF OPERATOR<br>El Paso Natural Gas Company  | 8. FARM OR LEASE NAME<br>Vaughn  |
| 3. ADDRESS OF OPERATOR<br>Post Office Box 4289, Farmington, NM 87499  | 9. WELL NO.<br>15  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface NE/4 NE/4 | 10. FIELD AND POOL, OR WILDCAT<br>Basin Dakota                                       |
| 14. PERMIT NO.  | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA<br>Sec. 28, T-26-N, R- 6-W N.M.P.M. |
| 15. ELEVATIONS (Show whether on bench mark or FARMINGTON RESOURCE AREA)   | 12. COUNTY OR PARISH<br>Rio Arriba   |
|   | 13. STATE<br>NM  |

16. 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 COMPLETS <input type="checkbox"/>    | FRACTURE TREATMENT <input 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"/>         |

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.) \*

In view of current economic conditions, we request cancellation of prior proposal dated January 19, 1983 to abandon the Dakota and recomple to the Mesa Verde.

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

SIGNED [Signature]

TITLE Drilling Clerk

DATE 10-28-86

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE OCT 30 1986

FARMINGTON RESOURCE AREA

BY [Signature]

\*See Instructions on Reverse Side

NMOCC