

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 079266

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Vaughn

9. WELL NO.

23

10. FIELD AND POOL, OR WILDCAT
So. Blanco Pictured Cliffs
and Otero Chacra Ext.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 27, T-26-N, R-6-W
NMPM

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

1. OIL ☐ GAS ☒ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1840'N, 1840'W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6666'GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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.)*

7-24-73 Spudded well. Drilled surface hole.

7-25-73 Ran 4 joints 9 5/8", 32.3#, K-55 surface casing, 127' set at 127'GL.
Cemented with 142 cu. ft. cement, circulated to surface. WOC 12 hours.



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

SIGNED Al. D. Duico

TITLE

Drilling Clerk

DATE July 27, 1973

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: