

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME Vaughn
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	9. WELL NO. 12E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1000'N, 1850'W	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-26-N, R-6-W NMPM
14. PERMIT NO. NOV 22 1985	12. COUNTY OR PARISH Rio Arriba NM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6348' GL	13. STATE

18. 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 COMPLETE <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) <u>Running Casing</u>	
(Other) <input type="checkbox"/>		(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.)\*

11-18-85 TD 7220'. Ran 189 jts. 5", 23.2#, V-105 & C-75, production casing, 7210' set @ 7220'. Float collar set @ 7181'. Stage tools @ 5472' and 2841'. Cemented first stage with 330 sks. Class "B" 65/35 Poz mix, 6% gel, 2% calcium chloride (535 cu.ft.) followed by 100 sks class B, 50/50 POZ, 2% gel, 2% calcium chloride, (124 cu ft). 2nd stage with 420 sks. Class "B" 65/35 Poz mix, 6% gel, 2% calcium chloride (680 cu.ft.), 3rd stage with 400 sks. Class "B" 65/35 Poz mix with 6% gel and 2% calcium chloride (648 cu.ft.). WOC 18 hours. Top of cement 1600' T.S.

RECEIVED  
NOV 26 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED Dagun Dahl

TITLE Drilling Clerk

DATE 11-21-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side