

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.

14-20-603-5024

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tract 20

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Pajarito

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 30, T29N-R17W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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 ☐ GAS WELL ☒ OTHER Water Disposal Well

2. NAME OF OPERATOR

Vista Resources, Inc.

3. ADDRESS OF OPERATOR

800 Rio Grande Blvd. N.W., Suite 10, Albuquerque, NM 87104

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

1980 FSL and 660' FWL of Sec. 30, T29N - R17W

14. PERMIT NO.

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

5240 DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<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.)\*

1) Present injection status:

Perfs. 6295-6390', originally took water on vacuum.

2) We plan to reperf and acidize the present injection zone, and also perf and acidize a loss circulation zone which occurred while drilling the well from 6730-6750'.

3) The present 2 3/8" injection tubing will be replaced with a new string of 2 7/8" tubing. The injection packer will be set in the 5" liner which has its top at 6117'.



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

SIGNED

*C.D. Gritz*

C.D. Gritz

TITLE Secretary-Treasurer

DATE 10/13/80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
OCT 21 1980  
JAMES P. GRIFFIN  
DISTRICT CHIEF, OIL CON. COM.

\*See Instructions on Reverse Side