

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R144

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Permitted Location		5. LEASE DESIGNATION AND SERIAL NO. Navajo 14-20-603-5024	
2. NAME OF OPERATOR Vista Resources, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal	
3. ADDRESS OF OPERATOR 237 Eubank Blvd. N.E. Suite B, Albuquerque, N.M. 87123		7. UNIT AGREEMENT NAME N/A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL 1980' FEL Sec. 31, T 29 N - R 17 W San Juan County, New Mexico		8. FARM OR LEASE NAME Navajo Tract 20	
14. PERMIT NO. E.A. Schmidt May 17, 1978		9. WELL NO. 31-31	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5179' GL		10. FIELD AND POOL, OR WILDCAT Pajarito	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T 29 N - R 17 W	
		12. COUNTY OR PARISH San Juan	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(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 and 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.)*

A request is made to further extend the approved permit time for this well beyond the first six month extension requested by our letter dated June 12, 1979.

All aspects of the proposed well remain as they were in the original application which was filed.

Approval is hereby granted subject to the following conditions:

- 1.) The 8 5/8" casing must have cement circulated to the surface.
- 2.) The USGS general requirements and special stipulations attached must be followed.

Extended to 6-1-80

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

SIGNED C.D. Gritz

TITLE Secy-Treasurer

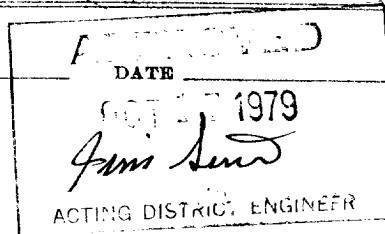
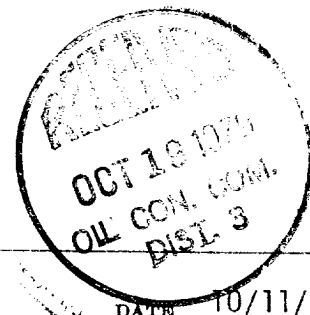
DATE 10/11/79

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side