

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.
Fed. N.M. 03010
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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	7. UNIT AGREEMENT NAME None
2. NAME OF OPERATOR Vista Resources, Inc.	8. FARM OR LEASE NAME John S. Dashko
3. ADDRESS OF OPERATOR 800 Rio Grande Blvd. N.W., Suite 10, Albuquerque, NM 87104	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also Space 17 below.) At surface: 2510' FSL 790' FEL (NESE) Section 11, T 24 N - R 7 W Rio Arriba County, New Mexico	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T 24 N - R 7 W
14. FILING NO. December 9, 1980	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether DE, RT, OR, etc.) 6899' GL 6912' KB	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
WATER SHUT-OFF	WELL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	WELL TILE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
HOIST OR ACRIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
PLUG WELL	CHANGE PLANS	(Other)	

Conduct additional operationsX

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. (If well is plugged or completed with cement, state all pertinent details, and give pertinent dates, including estimated date of starting any part of work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Operations have been conducted on a fairly continuous basis since the filing of our last sundry notice. You have been supplied with our daily completion reports during the interim period.

We are presently planning to run a pump in tracer survey to determine if injected fluid enters only the perforated interval. This will be the first step in evaluating the feasibility of conducting a second frac treatment on the Dakota interval. We believe that the majority of the first treatment went out of zone.



SEP 18 1981

10 1981

BY E. H. H.

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

SIGNED C.D. Gritz
(This space for Federal or State office use)

TITLE Secretary-Treasurer DATE 9/11/81

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

*See Instructions on Reverse Side

NMOCC