/	Budget Bure	au No.	42–R1	42
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	a
DEPARTMENT OF THE INTERIOR SF 079266	
GEOLOGICAL SURVEY 6. IF INDIAN, ALLOT	TEE 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 Form 9–331–C for such proposals.) 7. UNIT AGREEMENT 8. FARM OR LEASE N	
	NAME
1. oil gas Well other Vaughn 9. WELL NO.	
2. NAME OF OPERATOR #15	
El Paso Natural Gas Company 10. FIELD OR WILDCA	. •
3. ADDRESS OF OPERATOR Basin Dakota	
	R BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	, T-26-N, R-6-W
AT SURFACE: 1030'N, 990'E, Sec. 28, T26N, R6W 12. COUNTY OR PARI	
AT TOP PROD. INTERVAL: Rio Arriba	New Mexico
AT TOTAL DEPTH: 14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	OW DE KDD AND WD
66691-GI	OW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Progress Report SUBSEQUENT REPORT OF: U.S. GEOLOGY V.S. GEOL	if multiple completion or zone n 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, a including estimated date of starting any proposed work. If well is directionally drilled, give measured and true vertical depths for all markers and zones pertinent to this work.)*	and give pertinent dates, subsurface locations and
The subject well is still on the 1 hour on - 11 hours off	production cycle
We have produced approximately 6 barrels of drip since t	
was written on December 7, 1982. We are still producing a	
down the sales line.	
	်းနှင့် ကြို့ကြောင့်ရှိသည်။
to the second of	
Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and correct Production	
SIGNED Nonglas W. Marsel TITLE Engineer DATE Decem	ber 13, 1982

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL IF ANY
PIED FUN ITECORD

DEC 1 & 1982

*See Instructions on Reverse Side



