EPNG Co.

SoblancoPC

F. Loc	:				, 1975 spd				TD	F	РВ	
Casing S Csg. Perf.		SxInt	@	w	Sx. Pr Prod. Stim			w	Sx.	Т		T R
I.P	BO/D MCF/D After	Hrs. SIC	P P\$I		Days GOR	G	rav		1st Del.		\$	N S
	TOPS	NITD	X	Well Log		TEST D	ATA					
Kirtland		C-103		Plat	Х	Schd.	PC	Q	PW	PD	D	Ref. No.
Fruitland		C-104		Electric Log								
Pictured Cliffs				C-122								
Cliff House		Ditr		Dfo								
Menefee		Datr		Dac								
Point Lookout												
Mancos												
Gallup		1										
Sanostee		1										
Greenhorn												
Dakota		1							1			
Morrison		-								1		
Entrada		-							1	1		
					<b>1</b> 50							
P 0 0 EU (8)07/3	5°, Co. , s	л. Д. т. Д.Ы	.R (;; ∪ <sub>[1]</sub>	Oper. En	%3 Co.		•	Lse. 📜	rug ,		No.	

Form	9-331
(May	1963)

OIL WELL

## UNITED STATES SUBMIT IN TRIPLICATE® DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

10. FIELD AND POOL, OR WILDCAT

SF 079266

GEOLOGICAL SURVEY							
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.)	
	7. UNIT AGREEMENT NAME
GAS WELL X OTHER	
COPERATOR	8. FARM OR LEASE NAME

NAME OF OPERATOR Vaughn

El Paso Natural Gas Company
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface 9. WELL NO.

1140'S, 800'W

So. Blanco P. C.

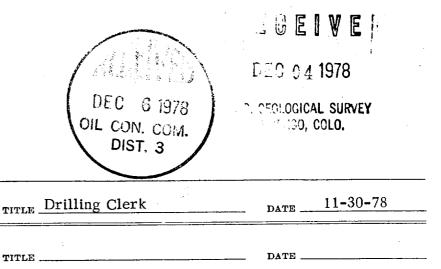
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA Sec. 28, T-26-N, R-6-W 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

14. PERMIT NO. 6248' GL Rio Arriba New Mexico

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

NOTICE OF	INTENTION TO:	SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	X	WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING  (Other)  (NOTE: Report results of mu Completion or Recompletion 1	REPAIRING WELL  ALTERING CASING  ABANDONMENT*  Altiple completion on Well  Report and Log form.)	

Please rescind the Applicaton for Permit to Drill this location.



1 Frank

APPROVED BY

SIGNED 4

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

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

<sup>17.</sup> 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.) \*