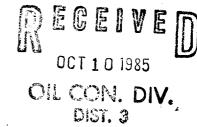
	,
Form 3160-5 (November 1983) (Formerly 9-331) UNITED STATES DEPARTMENT OF THE INTER	, and the control of
BUREAU OF LAND MANAGEMEN	T / SF 079266
SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to deepen or plug in the control of	ON WELLS back to a different reservoir. Oroposais.) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME OF TRIBE
OIL GAS OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
El Paso Natural Gas Compar	Ny Vaughn
Post Office Box 4289 Farm	ington, NM 87499 33
4. LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.)	State requirements. 10. FIELD AND POOL, OR WILDCAT
At surface 800'S, 800'E	Blanco Mesa Verde
	11. SEC., T., E., M., OR BLK. AND
RECEIVED	Sec. 26, T-26-N, R- 6-
	N.M.P.M.
14. PERMIT NO. OCT 0 3 1985 15. ELEVATIONS (Show whether Dr.	RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE
6656	6'GL Rio Arriba NM
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE STREET OF INTENTION TO:	ature of Notice, Report, or Other Data
TEST WATER SHUT-OFF PULL OR ALTER CASING	
FRACTUBE TREAT - MULTIPLE COMPLETE	WATER SHUT-OFF REPAIRING WELL FRACTURE TREATMENT ALTERING CARING
SHOOT OR ACIDIZE ABANDON®	
REPAIR WELL CHANGE PLANS	(Other)Spud Well
(Other)	(NOTE: Report results of multiple completion on Well
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent proposed work. If well is directionally drilled, give subsurface location nent to this work.)	Completion or Recompletion Report and Log form.) details, and give pertinent dates, including estimated date of starting an one and measured and true vertical depths for all markers and zones pertined.
jts. 8 5/8", 24.0#, J-5 Cemented with 175 sks. 3% calcium chloride (20	o.m. 10-1-85. Drilled to 226'. Ran 555 surface casing set at 226'. Class "B" with 1/4#/sk. gel-flake and 75 cu.ft.). Circulated to surface.



18. I hereby certify that the foregoing is true and correc	·t		<u> </u>
SIGNED Jaggy Lhah	TITLE Drilling Clerk	DATE	10-3-85
(This space for Federal or State office use)			
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	A STATE OF THE STA
	·	•	

*See Instructions on Reverse Side

FARMENGIUM NESUUNGE MEA