5. LEASE

UNITED STATES

DEPARTMENT OF THE INTERIOR	NM 28735
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	O FADM OD LEAGE MAME
reservoir. Use fulling 3-332-0 for such proposats,	8. FARM OR LEASE NAME A STATE OF THE STATE O
1. oil gas uell other	9. WELL NO
Well A Well Street	40 9 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. NAME OF OPERATOR AZTEC ENERGY CORP.	10. FIELD OR WILDCAT NAME.
3. ADDRESS OF OPERATOR	Wildcat & Hallens
P.O. Box 2637, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA 5862 & 2375
below.) 960'/N &800'/E	8-23N-6W
AT SURFACE: same	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Same	Rio Arriba NM
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6780. G.L.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF 🖾	아이의 어울택성 이 환경사
FRACTURE TREAT	무용되는 그 사람이 되었다.
SHOOT OR ACIDIZE DEPARTMENT	
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES	그들은 독등을 내 경험원수 기를 가진하다고 했다.
ABANDON*	
(Other)	
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di 	e all pertinent details, and give pertinent dates,
measured and true vertical depths for all markers and zones pertinen	it to this work.)*
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Spud well at 1200 hrs. 10/15/81. Drilled to	273'. Ran 8 5/8" 24# X42 casing
and landed at 270'. Cemented with 235 sk, c	lass B + 2% CaCl ₂ + $1/4\#$ Celophane
flakes/sk. Good circulation throughout job,	cement circulated to surface. Plug
down at 0200 hrs. 10/16/81. W.O.C. 12 hours.	Pressure tested casing to 500 psi.
Commenced drilling 7 7/8" hole.	
	det no foor
	CATION CANOTICE
	1 1 2 0 5 7 . 3 7 2 2 7
Culturation Cofety Volvey Manua and Type	Set @ Ft.
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	사람들은 사람들이 되었다. 그
SIGNED Jahn alleanderite Agent	DATE 10/20/81
(This space for Federal or State off	

*See Instructions on Reverse Side

____ TITLE _