

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐  
well well  
2. NAME OF OPERATOR  
AZTEC ENERGY CORP.  
3. ADDRESS OF OPERATOR  
P.O. Box 2637, Farmington, NM 87401  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 960'/N & 800'/E  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) Status Report

5. LEASE  
NM 28735  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Dever  
9. WELL NO.  
1  
10. FIELD OR WILDCAT NAME  
Lybrook Gallup Ext.  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
8-23N-6W  
12. COUNTY OR PARISH 13. STATE  
Rio Arriba N.M.  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6780' G.L.

(NOTE: Report results of multiple completion tests on one well. Do not change on Form 9-330.)



17. 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.)\*

Activity on 11/30/81 was swabbing and preparing to drop plunger lift, moved in a pulling unit on 10/30/81 and drilled out stage tool at 2170' and cleaned to p.b. t.d. at 5612. Run CBL-VDL-CCL with fair bond over zones of interest. Pipe failed to pressure test and several cement squeeze jobs followed casing was repaired and the well fractured down 2 7/8" tubing on 11/11/81 and since that time has been on test by swabbing. Complete details of completion procedure will follow on separate Sundry.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED John Alexander TITLE Agent DATE 11/30/81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DEC 1 1981

FARMINGTON DISTRICT

BY SMH

(See Instructions on Reverse Side)

NMOCC