

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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.)

<p>1. <input type="checkbox"/> OIL WELL    <input type="checkbox"/> GAS WELL    <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Aztec Oil &amp; Gas Company</p> <p>3. ADDRESS OF OPERATOR P. O. Drawer 570, Farmington, New Mexico</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1780' FNL &amp; 930' FWL Section 4-26N-5W</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract #151</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Arizona Jicarilla "B"</p> <p>9. WELL NO. #7</p> <p>10. FIELD AND POOL, OR WILDCAT Tapacitos Pictured Cliffs</p> <p>11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Section 4-26N-5W</p> <p>12. COUNTY OR PARISH    13. STATE Rio Arriba    New Mexico</p>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6521 Ground Level

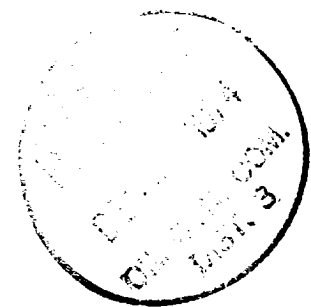
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO :		SUBSEQUENT REPORT OF :	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

11-27-74 Ran 100 Joints Of 4½" 10.50# Casing, Total 3319', Set At 3290'.  
Cemented With 295 Sacks Of 65/35, ¼# Gilsonite, ¼# Celoflake,  
100 Sacks Of Neat. Circulated Good Cement.



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

SIGNED \_\_\_\_\_ TITLE District Superintendent DATE November 27, 1974

(This space for Federal or State office use)

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