

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Aztec Oil & Gas Company		8. FARM OR LEASE NAME Companero	
3. ADDRESS OF OPERATOR Drawer 570, Farmington, New Mexico		9. WELL NO. #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1190 FNL & 1490 FEL, Section 12-27N-4W		10. FIELD AND POOL, OR WINDCAT Basin Dakota	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 12-27N-4W	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6830 Gr		12. COUNTY OR PARISH Rio Arriba	
		13. STATE New Mexico	

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

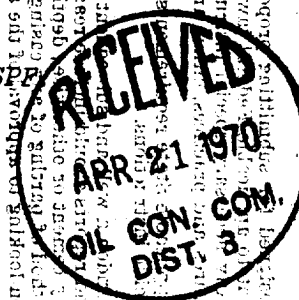
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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) <input type="checkbox"/>	Completion <input checked="" type="checkbox"/>

(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.)*

Move on comp rig.
Pick up tubing.
Clean out to top liner 4392'.
Test top liner to 3500#.
Pull out. Go in with 3-7/8 bit & clean out to P.B.T.D. 8205'.
Spot 250 gal acid on bottom.
Pull out hole.
Perf 8124-30, 8138-44, 8188-98, 2 SPF. Frac 1 Stage.
Blow down & test.

Proposed Second Stage Perfs 7988-92, 7998-8008, 8060-70, 2 SPF



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

SIGNED [Signature] TITLE Office Manager DATE April 17, 1970

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: