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UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SF 078476

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 "APPLICATION FOR PERMIT—" for such proposals.)	
1.		7. UNIT AGREEMENT NAME
	WELL GAS WELL WELL WELL OTHER	
2 .	NAME OF OPERATOR	8. FAEM OR LEASE NAME
	AAA Operating Company, Inc.	Federal
3.	ADDRESS OF OPERATOR	9. WELL NO.
	Ste. 3545 First International Bldg. Dallas, Texas 75270	J #lA
	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.	10. FIELD AND POOL, OR WILDCAT
	See also space 17 below.) At surface	Blanco Mesaverde
	1180' FSL and 800' FEL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		11-27N-8W

12. COUNTY OR PARISH | 13. STATE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6620' GR

San Juan

NM

16.

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

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUESEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIRING WELL

(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.)*

6-18-79

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

Ran 189.37 8 5/8"

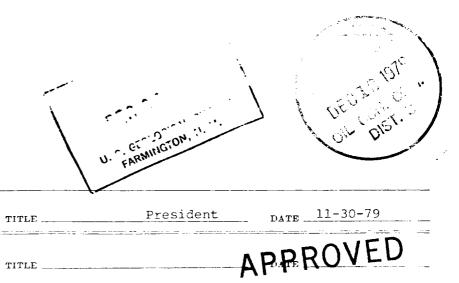
Set with 176 sx. circulated to surface.

6-29-79

Ran 144 jts. 4 1/2 Set with 488 sx. Class B

foregoing is true and correct

377 cu. ft. Litepoz



of 3mh

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

18. I hereby certify that

APPROVED BY

*See Instructions on Reverse Side

DEC 1 1 1979

JAMES F. SIMS DISTRICT OIL & GAS SUPERVISOR