

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 04202

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Johnston

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Aztec Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 10, T-28-N, R-9-W
NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. PERMIT NO.

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

6031'GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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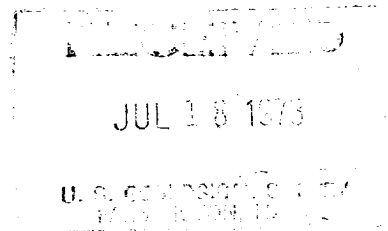
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

6-23-73 Tested surface casing, held 600#/30 minutes.

6-25-73 TD 2513'. Ran 81 joints 2 7/8", 6.5#, J production casing, 2503' set at 2513'. Baffle set at 2502'. Cemented with 348 cu.ft. cement. WOC 18 hours. Top of cement at 1000'.

7-9-73 PBTD 2502'. Tested casing, held 4000#. Perf'd 2364-76' and 2388-2416' with 27 shots per zone. Frac'd with 40,000# 10/20 sand and 40,000 gallons treated water. Dropped one set of 28 balls. Flushed with 590 gallons water.



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

SIGNED M. G. Davis

TITLE Drilling Clerk

DATE July 17, 1973

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side