Form 9-331 (May 1963) DEP	UNITED STATES PARTMENT OF THE INTE	SUBMIT IN TRIPLICA!  (Other instructions on verse side)	Form approved. Budget Bureau No. 42-R1424  5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY		DESCRIPTION AND BERIAL NO.
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.)			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
			A The standard of the standard
OIL C			7. UNIT AGREEMENT NAME
WELL WELL KX OTHER  2. NAME OF OPERATOR			
Aztèc Oil and Gas			8. FARM OR LEASE NAME
8. ADDRESS OF OPERATOR			Newman "A"
Drawer 570, Farmington, New Mexico			9. WELL NO.
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  At surface			10. PIELD AND POOL, OR WILDCAT
To parrace			Fulcher-Kutz, P.C.
-/	165 à		
2310 FSL & 1650 FEL - Sec. 19-28N-10W			SURVEY OR AREA
4. PBRMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)			Sec. 19-28N-10W 12. COUNTY OR PARISH 13. STATE
Check Appropriate Box To Indicate Nature of Notice, Report, or C			San Juan New Mex
NOTICE OF	INTENTION TO:	1	
TEST WATER SHUT-OFF			EQUANT REPORT OF A STATE A
PRACTURE TREAT	PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF	BEPAIRING WALL
SHOOT OR ACIDIZE	ABANDON*	PRACTURE TREATMENT 8H00TING OR ACIDIZING	ALTERING CABING
REPAIR WELL X	CHANGE PLANS	(Other)	ABANDONMENT*
(Other)		(Nome : Perent ment	its of multiple completion on Well apletion Report and Log form.) es, including estimated date of starting any ical depths for all markers and zones perti-
Clean out Run open Run 3½" c sque Perforate	tubing open hole from 1957 to hole log. sasing to T.D. and cemer ezing possible holes in and sand-water frac Pi and run l" tubing	nt to surface,	Circ : Calvo (1) A (To spendouses)  (1) Deliving of the control of
_	The way with the same of the s	EARN	NUCLEUR SE
I hereby certify that the foregoi	ing is true and correct		
SIGNED file (1)		strict Superintendent	DATE 5/1/67
(This space for Federal or State			DATE ZI+IUI
APPROVED BY	MIMT YA		
CONDITIONS OF APPROVAL,	IF ANY:		DATE
		•	2 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4
		i	Control of the second of the s
	*See Instructions	on Reverse Side	a grad

XERO

XERO COPY. XERO