

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-080781

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cain

9. WELL NO.

#20

10. FIELD AND POOL, OR WILDCAT

Aztec Pictured Cliff *Ext.*

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

Section 15-28N-10W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Aztec Oil & Gas Company

3. ADDRESS OF OPERATOR

P. O. Drawer 570, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1150 FSL & 1170 FWL
Section 15-28N-10W

14. PERMIT NO.

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

5932 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

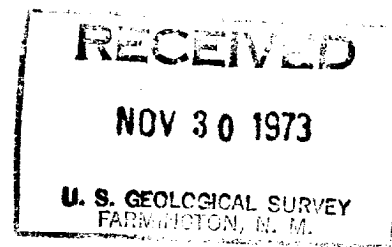
ABANDONMENT* ☐

(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.)*

11-24-73 Ran 3 Joints Of 8-5/8" 24# Casing, Set @ 129'. Cemented With 120 Sacks Of Class "A", 2% CaCl. Plugged Down @ 9:30 PM.

11-27-73 Ran 68 Joints Of 4 1/2" 10.50# Casing, Set @ 2180'. Cemented With 155 Sacks Of Class "A", 10% gel, 100 Sacks Class "A". Plugged Down @ 6:45 AM.



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

SIGNED

Joe C. Sullivan

TITLE District Superintendent

DATE November 29, 1973

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side