

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-079634

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McClanahan

9. WELL NO.

#5-Y

10. FIELD AND POOL, OR WILDCAT

Aztec Pictured Cliff

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

Section 13-28N-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

1490 FNL & 1150 FWL
Section 13-28N-10W

14. PERMIT NO.

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

5780 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

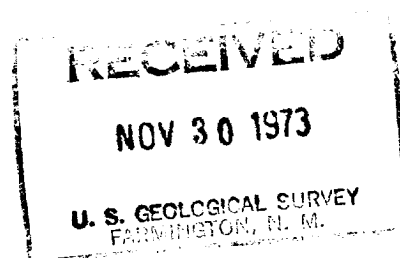
(Other) ☐

(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.)*

11-17-73 Ran 3 Joints Of 8-5/8" 24# Casing, Set @ 131'. Cemented With 150
Sacks Of Class "A", 1/4# Celloflake Per Sack, 2% CaCl. Plugged Down
At 3:45 AM.

11-21-73 Ran 66 Joints Of 4 1/2" 10.50# Casing, Set @ 2120'. Cemented With 140
Sacks Of Class "A" With 3% Low Dense & 100 Sacks Neat. Plugged Down
At 4:10 PM.



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

SIGNED

Joe O. Delmon

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