

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-2991

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

La Baca

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverte

11. SEC., T., R., M., OR BLM, AND
SURVEY OR ALTA

Section 1-29N-5W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

1. ☐ OIL
WELL ☐ GAS
WELL ☒ OTHER

2. NAME OF OPERATOR

Astec Oil & Gas Company

3. ADDRESS OF OPERATOR

Drawer 570, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See blank space 17 below.)
At surface760' FNL & 820' FEL
Section 1-29N-5W

14. PERMIT NO.

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

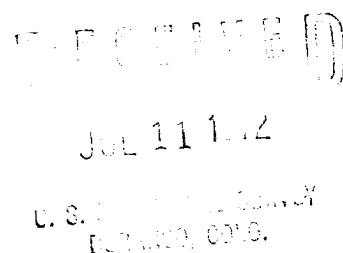
7614' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREATMENT ☐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 or 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 per-
tinent to this work)*7-6-72 Ran 211 jts of 5-1/2" casing (6905.50'). Set at 6903' KB. Cemented
with 150 sxs Class "A" with 12.5# gilsonite per sx followed with
100 sxs neat.

18. I am submitting that the foregoing is true and correct

SIGNED [Signature]

TITLE District Superintendent DATE 7-7-72

(Leave space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side