

(May 1968)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

FORM APPROVED
Budget Report No. 43-R1494

5. LEASE DESIGNATION AND SERIAL NO.

87079065

6. IF INDIAN: ALLOTTEE OR TRUST NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

ANTIC TREAT UNIT

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Total Gallon

11. SEC. T. R. S., OR S.W. AND
SURVEY OR AREA

29-29N-13W

12. COUNTY OR PARISH

SAN JUAN

13. STATE

NEW MEXICO

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.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Astec Oil & Gas Company

3. ADDRESS OF OPERATOR

Denver 8770, Farmington, New Mexico

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

2310 FHL 330 FHL

14. PERMIT NO.

15. ELEVATIONS (Show whether D.F. RT. OR, etc.)

5825 GL

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

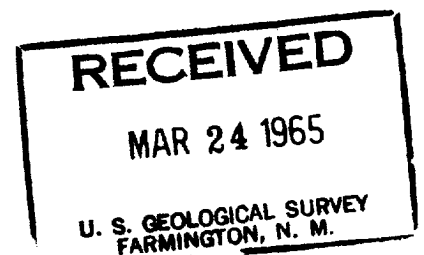
ALTERING CASING

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 some pertinent to this work.)*

Pulled tubing & packer. Squeezed perforations with 200 sacks.
Re-perforated at 5619-21. Re-ran tubing and packer set at 5508 KB.



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

SIGNED Joe C. Salmon

TITLE District Superintendent

DATE 3-23-65

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side