

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Aztec Torah (perm)
2. NAME OF OPERATOR Paramount Per Corp. % BLM FRA	8. FARM OR LEASE NAME Aztec Torah
3. ADDRESS OF OPERATOR 1235 La Plata Hwy, Farmington NM 87401	9. WELL NO. 11
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 590/S & 1950/E	10. FIELD AND POOL, OR WILDCAT Torah Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Q-19-29N-13W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5432 GL
	12. COUNTY OR PARISH San Juan
	13. STATE Nm

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other) ☐

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

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.)\*

Well plugged as follows:

plugged from 2400\* to surface with 232 SXS

\*Nure wasn't able to pass 2400' due to fill or collapsed casing

Squeeze Braden head. from 0 - 545 with 100 SXS

RECEIVED  
JAN 25 1993  
OIL COM. DIV.  
DIST. 3

Job completed 1/13/93

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

SIGNED

Per Federal Contractor

TITLE

1422-N651-C2-2094

DATE

1/20/93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

NMOCU

\*See Instructions on Reverse Side

JAN 26 1993

AREA MANAGER