

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
SF-079065

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Aztec Totah Unit

9. WELL NO.
#9

10. FIELD AND POOL, OR WILDCAT
Totah Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Section 20-29N-13W

12. COUNTY OR PARISH 13. STATE
San Juan 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

660' FSL & 660' FWL
Section 20-29N-13W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5482' 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

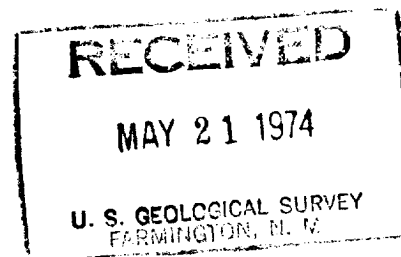
ABANDONMENT*

(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 zones pertinent to this work.)*

PROPOSE TO:

Pull 2-3/8" tubing, run packer.
Squeeze off existing perforations from 5269-81.
Re-perforate from 5220-40.
Acidize with 1000 gallons of 28% acid.
Swab test well.
Return to production.



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

SIGNED

TITLE

District Superintendent

DATE May 20, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

