

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

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 TOTAL UNIT

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Total Gallup

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

Sec 19-T29N-R13W

12. COUNTY OR PARISH 13. STATE

San Juan 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

Aztec 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 also space 17 below.)  
At surface

2130 FSL 3450 FEL

14. PERMIT NO.

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

5348

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

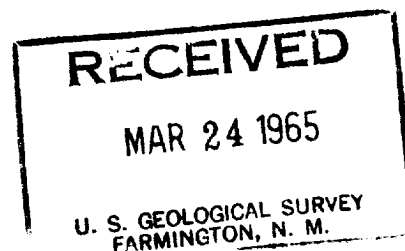
ALTERING CASING

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 perti-  
nent to this work.)\*

Pulled tubing & packer. Squeezed perforations with 100 sacks. Re-perforated  
at 5610-12. Re-ran tubing and packer set at 4846 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

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side