

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

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Aztec Total Unit

9. WELL NO.

#18

10. FIELD AND POOL, OR WILDCAT

Total 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

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

1980 FNL & 660 FEL, Section 20-29N-13W

14. PERMIT NO.

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

5335 Gr

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

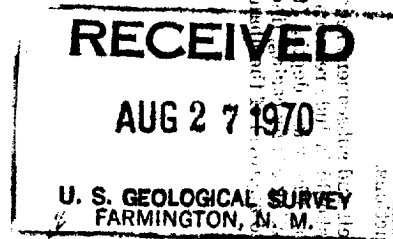
ABANDONMENT\*

CONVERTED TO W.I.

(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.)\*

Pulled Rods & Tubing.  
Ran 2-3/8" Tubing & Packer Set At 5128'.  
Manifold well Head & Start Injection.  
Initial Injection 299 BW Per Day @ 970 PSI.



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

SIGNED

*J. C. Salmon*

TITLE District Superintendent

DATE August 26, 1970

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE