

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR		7. UNIT AGREEMENT NAME
Aztec Oil and Gas Company		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR		Greiner "B"
Drawer 570, Farmington, New Mexico		9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL OR WILDCAT
1700 FNL & 1500 FWL, Sec. 4-29N-10W		Pictured Cliff
14. PERMIT NO.		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
15. ELEVATIONS (Show whether DT, RT, GR, etc.)		Sec. 4-29N-10W
5944 Gr		12. COUNTY OR PARISH
		San Juan
		13. STATE
		New Mex.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	Spud Rept. ☒
(Other) ☐		(Other) ☐	

(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.)*

3-16-69 Rigged up. TD 181'. Ran 5 jts 8-5/8" 24# casing 167' landed @ 180' cemented w/75 sx class C, 2% CC Pressured casing to 500#, held OK. Plug down 6PM. WOP

RECEIVED

MAR 21 1969

U. S. GEOLOGICAL
FARMINGTON, N. M.



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

SIGNED J. C. Helmer

TITLE District Superintendent

DATE 3-19-69

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

