Form 9-331 (May 1963)	UNITED STATES DEPARTMENT OF THE INT	SUBMIT IN TRIPLICATE (Other instructions on recognition verse side)	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY	<u> </u>	SF-076958
SUNI (Do not use this i	6. IF INDIAN, ALLOTTER OR TRIBE NAME		
1. OIL C GAS (7. ONIT AGREEMENT NAME		
2. NAME OF OPERATOR	<u> 경찰인 현 및 스탠스 및</u>		
Aztec Oil and Gas			8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR			Bess Hare
Drawn 570	9, WELL NO.		
4. LOCATION OF WELL (Re	Farmington, New Mexicao eport location clearly and in accordance with	env State veenlage and d	- <u>[일류기다 21 부분</u> 했다.
See also space 17 below.) At surface			10. FIELD AND POOL, OR WILDCAT
			Aztec Pictured Cliffs 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1100 ENT 0	1020 THE C. 10 CON 1011		
1160 FNL & 1030 FWL, Sec. 10-29N-10W 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)			Sec. 10-29N10W
	The second color when		12. COUNTY OR PARISH 13. STATE
		5772 Gr	San Juan New Mexic
16.	Check Appropriate Box To Indicat	te Nature of Notice, Report, or	Other Data
N	OTICE OF INTENTION TO:		QUENT REPORT OF:
TEST WATER SHUT-OF	PULL OF AVEND STONE		
PRACTURE TREAT	PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF	- Band REPAIRING WELL
SHOOT OR ACIDIZE	ABANDON*	FRACTURE TREATMENT	ALTERING CASING
REPAIR WELL	CHANGE PLANS	SHOOTING OR ACIDIZING	Spud Report X
(Other)		(Other)	ts of multiple completion on Well pletion Report and Log form.)
proposed work. If nent to this work.) *	COMPLETED OPERATIONS (Clearly state all pert well is directionally drilled, give subsurface	inent details, and give pertinent date locations and measured and true verting	car deptus for all markers and gones perti-
	Rigged up rotary. TD 180'. landed 178'. Cemetited with casing to 500#-held OK. F	: 100 sx class C 2% CC.	Pressure test big
	R	ECEIVED R	There of all and the first of t
•	AP	R 2 2 1000) U.S.	GEOLOGICAL SUDJECT
	OIL C	CON. COM.	A PARTONANI MISTAR
	Di	ST. 3	ortise otto otto militar milit
8. I hereby certify that t	he foregoing is true and correct		
SIGNED ///		District Superintenden	DATE
(This space for Federa	al or State office use)		
APPROVED BYCONDITIONS OF APP	PROVAL, IF ANY:		DATE STATE
			Geach and Company of the Company of
	*Soo Instruct	iana an Dauana Cida	ಕೆಪ್ಲಿ ಬಿ ಗಡಚಿತ