

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <u>NM - 01772-A</u>	
2. NAME OF OPERATOR <u>Aztec Oil and Gas</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>Drawer 570, Farmington, New Mexico</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1650 FNL &amp; 990 FEL, Sec. 13-29N-10W</u>		8. FARM OR LEASE NAME <u>Reid "A"</u>	
14. PERMIT NO.		9. WELL NO. <u>8</u>	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>5819 Gr</u>		10. FIELD AND POOL, OR WILDCAT <u>Aztec Pictured Cliff</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 13-29N-10W</u>	
		12. COUNTY OR PARISH <u>San Juan</u>	
		13. STATE <u>New Mexico</u>	

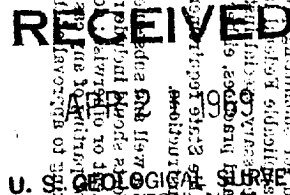
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud Report</u>	<u>X</u>

(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.)\*

4-11-69 Moved on location rigged up rotary, drilled to 70'  
4-12-69 TD 178'. Ran 5 jts 8-5/8" 24# casing landed at 176' cemented with 100 sx class C 2% cc. circ good cement. Pressure test casing to 500#-held OK. Plug down 11 PM.



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

SIGNED Juan C. Harmon TITLE District Superintendent DATE 4-17-69

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_