

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-21484.5. LEASE DESIGNATION AND SERIAL NO.
SP-077317

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 Aztec Oil & Gas Company	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR Drawer 570, Farmington, New Mexico	8. FARM OR LEASE NAME Cooper
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	9. WELL NO. 5
1120 FSL & 1090 FWL, Sec. 6-29N-11W	10. FIELD AND POOL, OR WILDCAT Pictured Cliffs
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 6-29N-11W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5764 GR	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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 ☐**Spud Report** ☒

(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.)*

6-17-69 TD 114'. Ran 3 joints 8-5/8" 24# casing, landed 114' cement w/60 cc, class C, 2% cc. Pressure test casing 500# - OK. Plug down 3' 00" P.M. woc

RECEIVED

JUL 25 1969

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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

SIGNED

Joe C. Salas de

TITLE

District Superintendent

DATE 7-24-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

