

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-078115

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Alston

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Section 35-31N-11W

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Aztec Oil & Gas Company

3. ADDRESS OF OPERATOR

P. O. 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

990 FSL & 1650 FWL  
Section 35-31N-11W

14. PERMIT NO.

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

5765 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

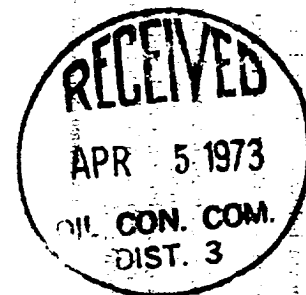
ABANDONMENT\*

(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.)\*

PROPOSE TO:

- (1) Pull tubing.
- (2) Re-perf Point Lookout formation.
- (3) Sand/Water frac.
- (4) Run 1½" tubing.
- (5) Return to production.



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

SIGNED

*J. C. Sullivan*

TITLE District Superintendent

DATE April 3, 1973

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side