

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>SF - 078134</b>                  |  |
| 2. NAME OF OPERATOR<br><b>Aztec Oil and Gas Company</b>   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                       |  |
| 3. ADDRESS OF OPERATOR<br><b>Drawer 570, Farmington, New Mexico</b>   |  | 7. UNIT AGREEMENT NAME   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)<br><b>At surface</b>   |  | 8. FARM OR LEASE NAME<br><b>Pierce</b>                                     |  |
| 14. PERMIT NO.  |  | 9. WELL NO.<br><b>5</b>  |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>5944 Gr</b>  |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Pictured Cliff</b>                    |  |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data   |  | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA<br><b>Sec. 30-31N-10W</b> |  |
| 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.)* |  | 12. COUNTY OR PARISH<br><b>San Juan</b>                                    |  |
|   |  | 13. STATE<br><b>New Mex.</b>   |  |

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other) ☐

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

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.)

4-5-69 Moved on rigged up. TD 113'. Ran 99' 8-5/8" 24# surface casing landed 112' cemented w/70 sx class C w/2% GC. Pressure test casing to 500#-held OK. Plug down 2:30 PM.

RECEIVED

APR 8 1969

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



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

SIGNED

*Joe C. Salmon*

TITLE **District Superintendent**

DATE **4-7-69**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE