

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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>SF-077652</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>1160 ESL &amp; 1560 FWL, Sec. 24-31N-12W</u>	8. FARM OR LEASE NAME <u>East</u>
14. PERMIT NO.	9. WELL NO. <u>13</u>
15. ELEVATIONS (Show whether DP, RT, GR, etc.) <u>6066 Gr</u>	10. FIELD AND POOL, OR WILDCAT <u>Pictured Cliffs</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 24-31N-12W</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>	
(Other)		(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.)\*

5-8-69 Rigged up rotary. TD 115'. Ran 3 jts 8-5/8" 24# landed 114' cemented with 60 sz class C with 2% CC. Pressure test csg 500#-held OK. WOC

RECEIVED

MAY 26 1969

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

RECEIVED

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

SIGNED

Joe C. Salmon

TITLE

District Superintendent

DATE

5-21-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side