

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. <u>NM-0558144</u>
2. NAME OF OPERATOR <u>Aztec Oil & 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>390 FSL & 990 FWL, Sec. 21-33N-8W</u>		8. FARM OR LEASE NAME <u>Trail Canyon</u>
14. PERMIT NO.		9. WELL NO. <u>#1</u>
15. ELEVATIONS (Show whether DF, RT, GE, etc.) <u>6674 Gr</u>		10. FIELD AND POOL, OR WILDCAT <u>Basin Dakota</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 21-32N-8W</u>
		12. COUNTY OR PARISH <u>San Juan</u>
		13. STATE <u>New Mexico</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	<u>Plug Back</u>	<input checked="" type="checkbox"/>

(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.)*

5-29-69 Drilled to TD 8350. Ran 4½ csg.
6-6-69 Perf DAKOTA 8280-96, 8310-18, Fraced 35,200 Gal Water, 8% salt
25,000# 40/60 sand. Sanded off!
6-10-69 Cleaned out sand plug. Perf 8190X-8200, 8176-86. Fraced w/71,400 Gal
Salt water, 40,000# 40/60 Sand.
6-12-69 Cleaned out to 8345 Set cmt retainer @ 8051. Squeezed w/150 sx class a neat.
Perf Mesaverde.



RECEIVED

SEP 8 1969

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

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

SIGNED Joe G. Salazar Jr.

TITLE District Superintendent

DATE September 3, 1969

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____