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Porm 9-331 (May 1963)	UNITED STATES	SUBMIT IN TRIPLICATES Of ther instructions on re-	Form approved.		
	DEPARTMENT OF THE INTERIO	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.			
	GEOLOGICAL SURVEY		NM-6893		
S	INDRY NOTICES AND PEDODES O	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deep in or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.)					
OIL CAS			7. UNIT AGREEMENT NAME		
WELL LJ WELL CCT OTHER  2. NAME OF OPERATOR					
		8. FARM OR LEASE NAME			
Aztec Oil & Gas Company 3. ADDRESS OF OPERATOR			Wilmer Canyon		
Drawer 576 Farmington No. 1			9. WELL NO.		
Drawer 570, Farmington, New Mexico Location of while (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			#1 10. FIELD AND POOL, OF WILDCAY		
118	0 FSL & 900 FWL, Section 24-32-8		Mesaverde-Pictured Clivian Survey on Arba		
			Section 24-32-8		
L PERMIT NO.	15, Servations (Show whether by, R	r, 62. etc.)	12. COUNTY OR PARISH 13. STATE		
	0007 Gr				
	Charle A manufactor Day To be the Allen		San Juan   New Marie		
	Check Appropriate Box To Indicate Mar	Ture of Motice, Report, or C	Other Data		
	NOTICE OF INTENTION TO:	SUBSEQU	ENT REPORT OF:		
TEST WATER SH	T-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL		
PRACTURE TREAT	Mark market and a second		!		
	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING		
SHOOT OR ACIDIZ	ARANDON*	SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMUNT*		
SIMOT OR ACIDIZ REPAIR WELL		SHOOTING OR ACIDIZING	ABANDONMUNTA		
SHOOT OR ACIDIZ REPAIR WELL (Other)	ARANDON*  CHANGE PLANS	(Other)  (Note: Report results Completion or Recomple	of multiple completion on Well		
SHOOT OR ACIDIZ REPAIR WELL (Other)	ARANDON*	(Other)  (Note: Report results Completion or Recomple	of multiple completion on Well		
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S. I hereby certify that the foregoing is true and correct		<u> </u>			
SIGNEDY CC G Diller of	TITLE District Superinte	ndent	DATE Se	ptember 1	 2 <u>, 19</u> 69
(This space for Federal or State office use)  APPROVED BY	TITLE		DATE	<del></del>	
CONDITIONS OF APPROVAL, IF ANY:					
*Se:	Instructions on Reverse Side	2 t. ř		-4-2	