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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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" (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <i>Aztec Oil & Gas Company</i>		8. Farm or Lease Name <i>Ruple</i>
3. Address of Operator <i>Drawer 570, Farmington, New Mexico</i>		9. Well No. <i>#2</i>
4. Location of Well UNIT LETTER <i>0</i> , <i>930</i> FEET FROM THE <i>South</i> LINE AND <i>1520</i> FEET FROM THE <i>East</i> LINE, SECTION <i>24</i> TOWNSHIP <i>31 North</i> RANGE <i>11 West</i> NMPM.		10. Field and Pool, or Wildcat <i>Blanco Picture Cliff</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>5767</i>		12. County <i>San Juan</i>

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

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	SPUD REPORT <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work, SEE RULE 1103.

5-13-70 Drllg to 110'. Ran 4 jts 8-5/8" casing set @ 107'. Cmt with 100 sxs class A with 2% calc. Tested casing with 500# - 30 minutes. Casing OK.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *Joe C. Armon* TITLE *District Superintendent* DATE *May 13, 1970*

APPROVED BY *Ernest C. Armon* TITLE *SUPERVISOR DIST. #3* DATE *MAY 15 1970*

CONDITIONS OF APPROVAL, IF ANY: