Form 9-331 (May 1963)

SHOOT OR ACIDIZE

REPAIR WELL

## UNITED STATES SUBMIT IN TRIPLICATE\* (Other instructions on re-

ABANDON\*

CHANGE PLANS

SHOOTING OR ACIDIZING

Form approved, Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

ABANDON MENT\*

CASING REPORT

GEOLOGICAL SURVEY	SF-077652		
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.)	6. IF INDIAN, ALLOTTER	OR TRIBE NAME	
OIL GAS X OTHER	7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR	8. FARM OR LEASE NAME		
Aztec Oil & Gas Company	East		
3. ADDRESS OF OPERATOR	9. WELL NO.	9. WELL NO.	
P. O. Drawer 570, Farmington, New Mexico 87401	#22		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)	10. FIELD AND POOL, OI		
At surface Blanco Mesave			
1760' FNL & 940' FEL Section 26-31N-12W	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA		
	Section 26-	31N-12W	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH		
6004 GR	San Juan	New Mexico	
16. Check Appropriate Box To Indicate Nature of Notice, Report	, or Other Data		
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING V	WELL	
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	ALTERING C.	ASING	

(Nore: 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.)

8-4-75 Spudded 13-3/4" Surface Hole. Drilled To TD Of 320'. Ran 7 Joints Of 9-5/8" 32.30# Casing, Set At 318'. Cemented With 260 Sacks Of Class "A" With 2% Chloride. Cement Circulated To Surface.



18. I hereby certify that the foregoing is true and correct	TITLE District Superintendent	DATE August 5, 1975	
(This space for Federal or State office use)			
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	