

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-B1424.

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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Aztec Oil & Gas Company</p> <p>3. ADDRESS OF OPERATOR P. O. Drawer 570, Farmington, New Mexico 87401</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 970' FWL Section 12, T31N, R11W</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF-079269</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Lawson</p> <p>9. WELL NO. #1-A</p> <p>10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 12, T31N, R11W</p> <p>12. COUNTY OR PARISH San Juan</p> <p>13. STATE New Mexico</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5981' GR</p>	

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

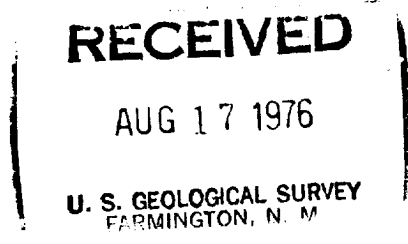
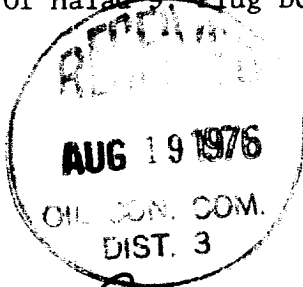
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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) _____	CASING REPORT <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.)*

8-10-76 Ran 76 Joints Of 7" 23# K-55 8RD Intermediate Casing, Shoe Set At 3043'. RKB, Float Collar Set At 2997'. Cemented With 110 Sacks Of 65/35 Class "B" With 12% Gel Followed By 70 Sacks Of Class "B" With 2% CaCl. Plug Down At 2:15 AM.

8-14-76 Ran 57 Joints Of 4½" 10.50# K-55 Casing, Shoe & Float Collar Set At 5290' TIW Hanger Set At 2900'. Cemented With 20 Barrels Of Gelled Water And 240 Sacks Of Class "B" With 4% Gel, ½ Cubic Feet Of Fine Gilsonite Per Sack & .6% Of Halad 9 Plug Down At 4:45 PM.



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

SIGNED: [Signature] TITLE: District Production Manager DATE: August 16, 1976

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: