

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL 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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <i>Aztec Oil and Gas</i>	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <i>Drawer 570, Farmington, New Mexico</i>	8. FARM OR LEASE NAME <i>Hubbard</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	9. WELL NO. <i>4</i>
14. PERMIT NO. <i>990 FSL & 1020 FWL, Sec. 15-32N-12W</i>	10. FIELD AND POOL, OR WILDCAT <i>Mesaverde-Dakota</i>
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <i>6067 Gr</i>	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA <i>Sec. 15-32N-12W</i>
	12. COUNTY OR PARISH 13. STATE <i>San Juan New Mexico</i>

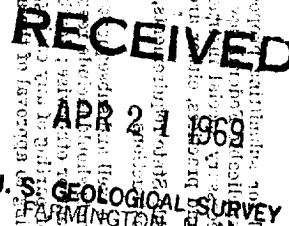
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) <i>Spud Report</i>	<i>X</i>

(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.)*

4-15-69 Rigged up rotary
4-16-69 TD 325'. Ran 11 jts 10-3/4" 32.75# H-40 casing set at 325' KB, cemented with 220 sx class A 2% CC. Pressure test casing to 500#-held OK. Plug down at 8:30 PM. WOC



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

SIGNED *Jac C. Palmer* TITLE *District Superintendent* DATE *4-17-69*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: