

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATES-
(See instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-11424.

5. LEASE DESIGNATION AND SERIAL NO.

SP-078312

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill, re-work, or plug back to a different reservoir.
See APPLICATION FOR PERMIT for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Aztec Oil & Gas Company	8. FARM OR LEASE NAME Hubbard
3. ADDRESS OF OPERATOR P. O. Drawer 570, Farmington, New Mexico	9. WELL NO. #4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990 FSL & 1020 FWL Section 15-32N-12W	10. FIELD AND POOL, OR WILDCAT Dakota - Mesaverde
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Section 15-32N-12W
15. ELEVATIONS (SHOW WHETHER DF, RT, CR, ETC.) 6067 GR	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☒	CHANGE PLANS	☐
(Other)			

SUBSEQUENT REPORT OF:

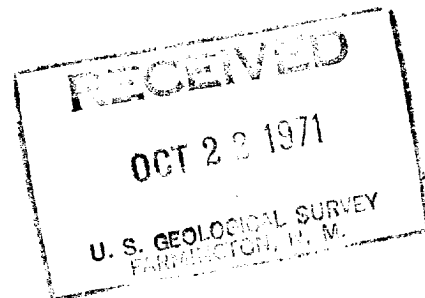
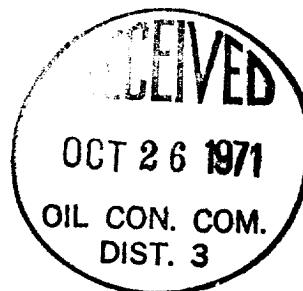
WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)			

(NOTE: Report results of multiple completion or 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.) *

PROPOSE TO:

- (1) Pull tubing.
- (2) Test for packer leak.
- (3) Test tubing.
- (4) Restore to producing status.



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

SIGNED [Signature] TITLE District Superintendent DATE October 21, 1971

(This space for Federal or State Office use)

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