

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved
Budget Bureau

5. LEASE DESIGNATION AND NUMBER

SF-079634

6. IF INDIAN, ALLOTTEE OR TRIBE

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 GAS WELL OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Aztec Oil & Gas Company

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR
Post Office 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

10. FIELD AND POOL, OR WILDCAT

Aztec Picture Cliff

1650 FNL & 1750 FEL, Section 14-28N-10W

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 14-28N-10W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

5641 Gr

12. COUNTY OR PARISH

13. STATE

San Juan

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

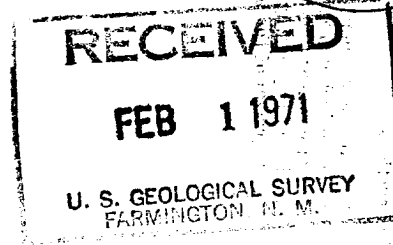
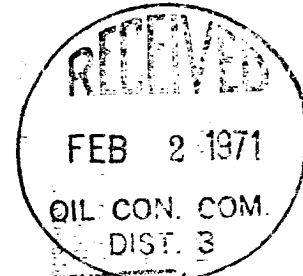
ABANDONMENT*

(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.)*

PERF USE TO:

- (1) Pull 1" Tubing.
- (2) Clean Out To 1900'.
- (3) Run 3-1/2" Casing to TD. Cement with 150 sacks.
- (4) Perf & Frac Picture Cliff.



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

SIGNED

TITLE District Superintendent

DATE January 28, 1971

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side