## 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.**

SF-078198

## 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, ALLOTTEE OR TRIBE NAME**

1.

OIL WELL ☐   GAS WELL ☒   OTHER

**7. UNIT AGREEMENT NAME**

2. NAME OF OPERATOR

Aztec Oil & Gas Company

**8. FARM OR LEASE NAME**

Nye

3. ADDRESS OF OPERATOR

P. O. Drawer 570, Farmington, New Mexico

**9. WELL NO.**

14

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1570' FEL & 1780' FSL

**10. FIELD AND POOL, OR WILDCAT**

Basin Dakota

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

Section 13-30N-11W

14. PERMIT NO.

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

6100 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 ☐
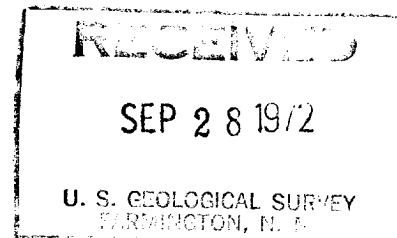
SHOOTING OR ACIDIZING ☐   ABANDONMENT* ☐

(Other) _____
(NOTE: Report results of multiple completion 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.) *

PROPOSE TO:

Pull tubing.
Clean out to TD 7255'.
Run cement retainer.
Spot Milchem casing pak.
Sting into retainer.
Swab well in.
Return to production.

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

SIGNED _____   TITLE District Superintendent   DATE 9-26-72

(This space for Federal or State office use)

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

*See Instructions on Reverse Side