

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-078910A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Childers
3. ADDRESS OF OPERATOR P.O. Drawer 570, Farmington, New Mexico 87401	9. WELL NO. #1-A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' ESL & 1070' FEL	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
11. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 1, T31N, R11W
12. ELEVATIONS (Show whether DE, FT, GR, ETC.) 6050' GR	12. COUNTY OF PARISH 13. STATE San Juan New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACURE TREAT

MULTIPLE COMPLETE

FRACURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(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.) *

4-06-77 Tried to kill well.

4-07-77 Killed well. Pulled tubing. Changed out two bad joints. Ran tubing. Landed @ 5332. Nippled up. Rigged down.

4-12-77 Placed well back on production.

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

SIGNED

Area District Production Manager

DATE August 4, 1977

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: