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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. SF-078115

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

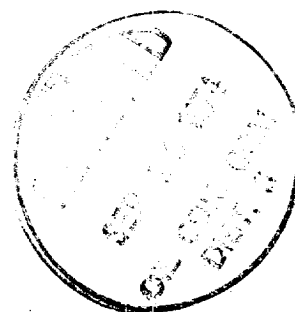
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Aztec Oil & Gas Company	8. Farm or Lease Name Grenier
3. Address of Operator P. O. Drawer 570, Farmington, New Mexico	9. Well No. #4
4. Location of Well UNIT LETTER <u>D</u> <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>31 North</u> RANGE <u>11 West</u> NMPM.	10. Field and Pool, or Wildcat Blanco Mesaverde Blanco Pictured Cliff
15. Elevation (Show whether DF, RT, GR, etc.) 6296 GR	12. County San Juan

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1) Pulled Tubing.
- 2) Found Bad Joint.
- 3) Replaced Bad Joint.
- 4) Reran Tubing.
- 5) Stung Into Packer With 6000# On Packer.
- 6) Shut In For Packer Leakage Test.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Joe C. Arns TITLE District Superintendent DATE September 11, 1974

Original Signed by Joe C. Arns SUPERVISOR DIST. 11 DATE SEP 12 1974
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: