

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR
AZTEC ENERGY CORPORATION

3. ADDRESS OF OPERATOR
POST OFFICE BOX 2637

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650 FSL and 940 FWL
AT TOP PROD. INTERVAL: 1650 FSL and 940 FWL
AT TOTAL DEPTH: 1650 FSL and 940 FWL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>AMENDED REPORT</u>	

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.)*

SUBJECT - Information omitted and incorrectly reported on the well completion report and log.

INFORMATION OMITTED - 2 3/8" EUE Tubing 4.7#/ft. Landed at 5310'

INFORMATION INCORRECTLY REPORTED - The plug back T.D. was erroneously reported at 5785' and the correct P.B.T.D. is at 5748'.

5. LEASE
NM 28740

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

EMILY

9. WELL NO.

#1

10. FIELD OR WILDCAT NAME

LYBROOK GALLUP EXTENSION

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

Sec. 20, T. 23 N., R. 6 W.

12. COUNTY OR PARISH 13. STATE

SANDOVAL

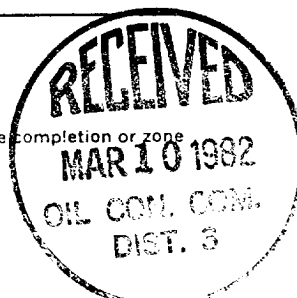
NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

7100 KDB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Wayne Townsend TITLE V.P. of Operations DATE March 5, 1982
WAYNE TOWNSEND

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY

TITLE _____ DATE _____

ACCEPTED FOR RECORD

MAR 09 1982

*See Instructions on Reverse Side

NMOCC

BY SMH
FARMINGTON DISTRICT