

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Contract #101

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla #101

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Tapacito Pictured Cliff

Blanco Mesaverde

11. SEC. T., R., M., OR BLM. AND

Sec. 1-26N-4W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

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

2. NAME OF OPERATOR

Aztec Oil and Gas

3. ADDRESS OF OPERATOR

Drawer 570, Farmington, New Mexico

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

1100 FNL & 990 FEL, Sec. 1-26N-4W

14. PERMIT NO.

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

7185 GR

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

WATER SHUT-OFF

FRACTURE TREATMENT

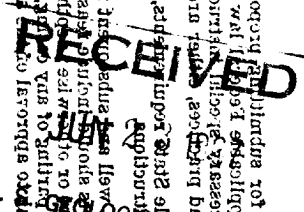
SHOOTING OR ACIDIZING

(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.)*

6/20/67 TD 4250. Ran 128 joints 7-5/8" 26.40# 4186.29' casing landed 4196.29' KB, float collar at 4162.73', cemented with 45 sx ideal class "C" 10% gel, 90 sx posmix with 4% A-2, 75 sx ideal class "C", 75 sx posmix 1/4# celoflake, 5# salt/sx. Pressure tested to 500# Test OK.



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

SIGNED

Joe C. Salmon

TITLE District Superintendent

DATE

6/22/67

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

XERO COPY

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