

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 077980	
2. NAME OF OPERATOR Aztec Oil and Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Drawer 570, Farmington, New Mexico		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990 FSL & 990 FEL, Sec. 29-27N-9W		8. FARM OR LEASE NAME A.D. Hudson	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 6382 GR		10. FIELD AND POOL, OR WILDCAT Fulcher Kutz, P.C.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29-27N-9W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mex.	

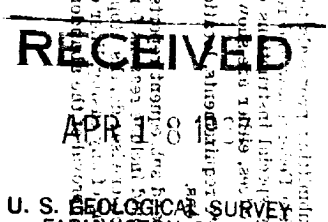
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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 dates of proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all pertinent to this work.)*

Propose to:

Pull 1" tubing
Clean out to T.D. 2270
Run casing inspection log and repair 5½" casing
Treat well with Dowell MS 80 Treatment
Run 1" tubing
Put well back on production



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

SIGNED

J. C. Simon

TITLE District Superintendent

DATE 4/17/67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

XERO COPY

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