SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to ded to to deepen or plus back to a different reservoir.  I. Out.		Form approved. Budget Bureau No. 42  5. LEASE DESIGNATION AND SEEL	SUBMIT IN TRIPLICATES	UNITED STATE	1963) DFPAR
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(Obs.) Use this form to proposals to cell or deeper of this best to a different reservoir.    Obs.	RIBB NAME	6. IF INDIAN, ALLOTTED OR TRIBI			ALI 15 BY 116
OTHER CASE OF CASE OF THE CONTROL OF THE CASE OF CONTROL OF CONTRO					
Aztec 011 and Gas Company  Aztec 011 and Gas Company  Drawer 570, Farmington, New Mexico  Location or with the fire folios clearly and in accordance with any State requirements.*  At surface  990 FSL & 990 FEL, Sec. 29-27N-9W  4. Parmit 80.  Check Appropriate Box To Indicate Notire of Notice, Report, or Other Day Falls in State 11 before, or New Marks State 11 before, or New Marks State 11 before, or New Marks State 12 before 12 before 13 states 13 before 13 states 13 before 14 states 13 before 14 states 14 states 15 before 17 before 17 before 17 before 18 before 18 before 18 before 18 before 19 bef		7. UNIT AGRESMENT NAME			GAN FOT
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See also space 17 below.)  A Surface Surface Soo FEL, Sec. 29-27N-SW  A PRANKY NO.  Is REVATIONS (Show whether DP, FT, OR, etc.)  Check Appropriate Box To Indicate Notice of Notice, Report, or Other Data  Substance of Intertrior or Park Sources or Intertrior To:  THEN WATER SEUT-OF PILL OR ALTER CARING  PROTECT OF INTERTION TO:  THEN WATER SEUT-OF PILL OR ALTER CARING  PROTECT OF INTERTRIOR TO:  THEN WATER SEUT-OF PILL OR ALTER CARING  PROTECT OR ACIDIEN  ADAPTATION CANDED FLANS  (Other)  TO EXCRANGE PLANS  (Other)  TO EXCRANGE PLANS  Proposed 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  RECEIVED  APPROVED  U. S. SEOLOGICAL SUNYEY  TITLE  District Superintendent  DATE  APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:  TITLE  DATE  TITLE  TITLE  DATE  TITLE  DATE  TITLE  DATE  TITLE  DATE  TITLE  TIT		3		nington, New Mexic	Drawer 570, Farmi
SOO FSL & 990 FEL, Sec. 29-27N-9M  4. FREMIT NO.  11. NEWATION (Show whether Dr. Nr. CM, eds.)  6. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  THEST WATER SHUT-OFF  FRACTOR TREAT  NOULIPLE COMPLETE  NOULIPLE COMPLETE  SHOOTING OR ALDER CARING  MULTIPLE COMPLETE  SHOOTING OR ALDER CARING  NOULIPLE COMPLETE  SHOOTING OR ALDER CARING  WATER SHUT-OFF  FRACTOR TREATMENT ALANDON'  CHANGE PLANS  (Other)  CHANGE PLANS  (Other)  CHORGE PROPOSED OR COMPLETE OFFRATIONS (Clearly state all prince) details, and give pertinent data, including estimated with 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  RECEIVED  APROVED  APROVED  TITLE District Superintendent  DATE  CHANGE PLANS  LIC. COUNTY OF PLANS (Clearly state all prince)  APROVED  APPROVED  TITLE District Superintendent  DATE  CHANGE PLANS  LIC. COUNTY OF PLANS (Clearly state all prince)  APPROVED BY  TITLE District Superintendent  DATE  TITLE DATE  CONDITIONS OF APPROVAL, IF ANY:	C.	Fulcher Kutz P.C.	ny State requirements.*	tion clearly and in accordance	e also space 17 below.)
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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  **NOTICE OF INTENTION TO:  **THEY WATER SHOT-OFF**  POLL OR ALFER CASING**  **PRICTURE TREAT**  **MULTIPLE COMPLETE**  **SHOT OF ALFER CASING**  **PRICTURE TREAT**  **AUTHOR ALFER CASING**  **PRICTURE TREAT**  **AUTHOR TREAT**  **AUTHOR ALFER CASING**  **PRICTURE TREAT**  **AUTHOR TREAT**  **AUTHOR TREAT**  **AUTHOR TREAT**  **AUTHOR TREAT**  **AUTHOR TREAT**  **AUTHOR ALFER CASING**  **CHANGE PLANS**  (Other)*  **Completion or Recompletion Room Alford Treat**  **Completion or Recompletion Room Alford Treat**  **Completion or Recompletion Room Alford Treat**  **PROPOSED BY CONTEXTED OF CONTEXTED OF CASING ALFORD TREAT**  **AUTHOR T	STATE	12. COUNTY OR PARISH 13. STA	DF, RT, GR, etc.)		
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PRACTURE TREAT SHOOT OR ACIDIES ARANDON'S SENDOTINO OR ACIDIES X CHANGE PLANS (Other)  7. DESCRIPT PROPORED OR COMPLETED OFERATIONS (Clearly state all pertinent details, and give pertinent dates, including swimates proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all of proposed on the completion of the			WATER SWIDOWS	PULL OR ALTER CARING	TEST WATER SHITT-OFF
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