

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

SUNDRY NOTICES AND REPORTS ON WELLS		5. LEASE DESIGNATION AND SERIAL NO.	
(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.)		6. SF 077874	
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR		7. UNIT AGREEMENT NAME	
Aztec Oil and Gas Company		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR		Hanks	
Drawer 570, Farmington, New Mexico		9. WELL NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		3	
990 FSL & 990 FWL - Sec. 12-27N-10W		10. FIELD AND POOL, OR WILDCAT	
14. PERMIT NO.		Fulcher Kutz, P.C.	
15. ELEVATIONS (Show whether DF, RT, OR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
6055 GL		Sec. 12-27N-10W	
		12. COUNTY OR PARISH	
		San Juan	
		13. STATE	
		New Mex.	

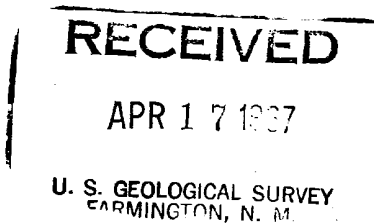
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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"/>
(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 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.)\*

Propose to:

Pull 1" tubing.  
Clean out open hole from 1932 to 2028  
Run open hole log  
Run 3 1/2" casing to TD and cement to surface squeezing possible holes in 5 1/2" casing  
Perforate and sand-water frac Pictured Cliffs zone  
Clean out and run 1" tubing



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

SIGNED Joe E. SalmonTITLE District SuperintendentDATE 4/13/67

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

XERO  
COPYXERO  
COPYXERO  
COPYXERO  
COPY

