

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Project No. 42-11-01
5. LEASE DESIGNATION AND SERIAL NO.

NM-02294

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.
See "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL ☐ GAS ☒ WELL ☐ OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>Aztec Oil & Gas Company</u>	8. FARM OR LEASE NAME <u>Whitley</u>
3. ADDRESS OF OPERATOR <u>P. O. Drawer 570, Farmington, New Mexico</u>	9. WELL NO. <u>#5</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below. At surface <u>1790 FNL & 1670 FEL</u> <u>Section 8-27N-9W</u>	10. FIELD AND POOL, OR WILDCAT <u>Basin Dakota</u>
14. PERMIT NO.	11. SEC., T., R., OR BBL. AND SURVEY OR AREA <u>Section 8-27N-SW</u>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <u>6317 Gr</u>	12. COUNTY OR PARISH, 13. STATE <u>San Juan</u> <u>New Mexico</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☒	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

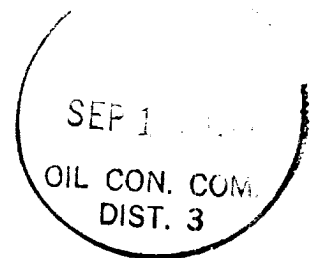
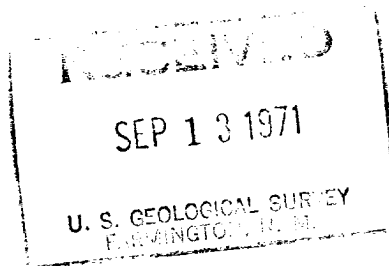
WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) ☐	

(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 and 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:

- (1) Pull tubing.
- (2) Run Corrosion Log.
- (3) Squeeze as necessary.
- (4) Test.
- (5) Return to producing status.



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

SIGNED [Signature]

TITLE District Superintendent

DATE September 9, 1971

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: