

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		6. LEASE DESIGNATION AND SERIAL NO. <u>SF-077874</u>
2. NAME OF OPERATOR <u>Aztec Oil and Gas Company</u>		8. IF INDIAN, ALLOTTED OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>Drawer 570, Farmington, New Mexico</u>		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 <u>1175 FNL & 2450 FEL, Section 6-27-9</u>		8. FARM OR LEASE NAME <u>Hanks</u>
14. PERMIT NO.		9. WELL NO. <u>#15</u>
15. ELEVATIONS (Show whether DF, WT, OR, etc.) <u>6143 Gr</u>		10. FIELD AND POOL, OR WILDCAT <u>Basin Dakota</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 6-27N-9W</u>
		12. COUNTY OR PARISH <u>San Juan</u>
		13. STATE <u>New Mexico</u>

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 checked="" 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 type="checkbox"/>	CHANGE PLANS <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: Moved on workover unit.
Pulled tubing. Cleaned out to TD
Refraced Dakota Zone
Reran Tubing
Returned to Production



OCT 15 1969

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

SIGNED Joe O. Harrison TITLE District Superintendent DATE October 13, 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

