

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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. NM-01772-A |
| 2. NAME OF OPERATOR Aztec Oil and Gas Company | 6. IS 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 1750 FNL & 990 FWL, Sec. 17-28N-9W | 8. FARM OR LEASE NAME Reid |
| 14. PERMIT NO. | 9. WELL NO. 6 |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5841 GR | 10. FIELD AND POOL, OR WILDCAT Aztec, Pictured Cliffs |
| | 11. SEC., T., R., M., OR BLK., AND SURVEY OR AREA Sec. 17-28N-9W |
| | 12. COUNTY OR PARISH San Juan |
| | 13. STATE New Mex. |

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

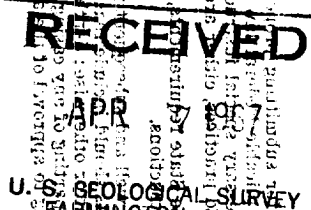
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF | |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------|----------------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input 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"/> | |
| (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.)*

3/29 Rigged up workover rig. Pulled 1" tubing, cleaned well out. Ran 64 joints 3 1/2" casing set at 2169'. Cemented with 110 sacks class "C" 6% gel, 2% CaCl2 - 1/4# floccel. Circulated cement. Perforated 2108 to 2124 and 2130 to 2132 with 2 SPF. Fraced with 10,000# 20/40 sand and 10,000# 10/20 sand FR-8, 6#/1000, 23,760 gal H2O.

4/3 Ran 101 joints 1" tubing set at 2134. Rig down workover.



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

SIGNED Joe C. McLean TITLE District SuperintendentDATE 4/6/67

(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

