

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 ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
Aztec Oil & Gas Company

3. ADDRESS OF OPERATOR
P. O. Drawer 570, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1850 FNL & 850 FWL, Section 17-27N-9W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6435 Gr

5. LEASE DESIGNATION AND SERIAL NO.
NM-02294

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
RECEIVED
JAN 29 1971
OIL CON. COM.
DIST. 3

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Whitley

9. WELL NO.
#10

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 17-27N-9W

12. COUNTY OR PARISH 13. STATE
San Juan New Mexico

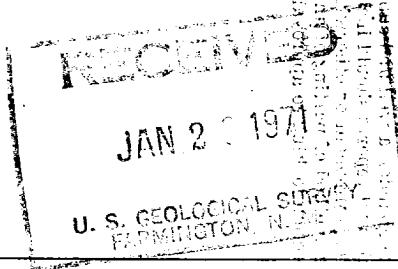
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| 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 type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) CASING TEST & CMT JOB <input checked="" 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.)*

12-19-70 Drilled surface to TD 312'. Ran 9 joints 8-5/8" 24# casing total 296.11' set at 309 RKB. Cement with 200 sacks Class "C", 2% CaCl. Plug down at 12:15. Tested casing to 500# - Held Ok.

12-31-70 Ran 217 joints 4-1/2" 10.5# casing total 7039' set at 7027 KBM. Float collar set at 6996' - Stage Collar set at 4928'. Cement 1st stage with 165 sacks Class "C" W/3% LoDens + 75 sacks Class "C" neat. Plug down at 11:00 PM. Cmt 2nd Stage with 570 sacks Class "C" W/3% LoDens + 1/4# P/Sx celofex. Plug down at 1:00 AM. Tested casing to 3000# - Held Ok.



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

SIGNED [Signature] TITLE District Superintendent DATE January 27, 1971

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side