

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 01772-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Reid "A"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde
Basin Dakota11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 13-29N-10W

12. COUNTY OR PARISH

San Juan

13. STATE
New Mexico1. OIL ☐ GAS ☒ OTHER
WELL WELL

2. NAME OF OPERATOR

Aztec Oil and Gas

3. ADDRESS OF OPERATOR

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

1120 FNL & 970 FEL, Sec. 13-29N-10W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5823 GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

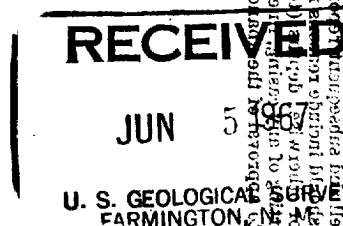
ALTERING CASING

ABANDONMENT*

Spud Report

(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 perti-
nent to this work.)*

5/30/67 Moved on and rigged up rig.

6/1/67 TD 308'. Ran 9 joints 8-5/8" 24# casing 289.08' landed
302.73'KB. Cemented with 250 sx class "C" 2% CaCl. WOC.
Tested to 500# - held OK.

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

SIGNED

Joe C. Salmer

TITLE District Superintendent

DATE June 2, 1967

(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