Form 9-331 (May 1963)	UNITED STATES TMENT OF THE INTER	SUBMIT IN TRIPLICATE*	Form approved. Budget Bureau No. 42-R1424. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY			
SUNDRY NOTICES AND REPORTS ON WELLS			SF079037 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this form for proj Use "APPLI	PICES AND REPORTS (posals to drill or to deepen or plug lead to the control of t	ON WELLS back to a different reservoir. proposals.)	and the same
1. OIL GAS X OTHER 2. NAME OF OPERATOR			7. UNIT AGREEMENT NAME
Aztec Oil & Gas Company			8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR			Hale 9. WELL NO.
P. O. Drawer 570, Farm	P. O. Drawer 570, Farmington, New Mexico 87401		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			#2-A 10. FIELD AND POOL, OR WILDCAT
At surface			Blanco Mesa Verde
1625' FNL & 1020' FWL			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	- III Depute (Charles)		Section 27, T31N, R8W
A. ADROIL NO.	15. ELEVATIONS (Show whether DF 6463 GR		12. COUNTY OR PARISH 13. STATE
10			San Juan New Mexico
16. Check A	Appropriate Box To Indicate N	lature of Notice, Report, or C	ther Data
NOTICE OF INTI	INTION TO:	SUBSEQU	ENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE REPAIR WELL	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	CHANGE PLANS	(Note: Report results	bing report X of multiple completion on Well etion Report and Log form.)
proposed work. If well is direct nent to this work.)* 12-17-76 Ran 184 joint			including estimated date of starting any depths for all markers and zones perti-
Rigged down.	, , , , , ,	oo, bob cabing. Land	ed at 30/2.
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	L'area	D	EC 2 2 1976
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		FAP	EOLOGICAL SUI
	200		
	Manage of the second		
18. I hereby certify that the foregoing i	s true and correct		
	/ /	rict Production Mass-	on Descrit of the
SIGNED		Tier Froduction Manag	er DATE December 21, 1976
(This space for Federal or State off	ce use)		
APPROVED BYCONDITIONS OF APPROVAL, IF A	ANY:		DATE