

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  | 5. LEASE DESIGNATION AND SERIAL NO.<br>SF-078134                    |
| 2. NAME OF OPERATOR<br>Aztec Oil and Gas   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                |
| 3. ADDRESS OF OPERATOR<br>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.)<br>At surface | 8. FARM OR LEASE NAME<br>Crandell                                   |
| 14. PERMIT NO.<br>990 FSI & 990 FWI, Sec. 19-31N-10W   | 9. WELL NO.<br>2  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>5916 DF  | 10. FIELD AND POOL, OR WILDCAT<br>Blanco Mesaverde                  |
|  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 19-31N-10W |
|  | 12. COUNTY OR PARISH<br>San Juan                                    |
|  | 13. STATE<br>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 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.)\*

2-23-69 Moved on workover unit. Blew well down. Rigged up B & R, set choke at 4960. Nippled up BOP. Pulled out of hole with tubing. Rig up McCullough and set bridge plug at 4110'. Pumped in 4½" casing at 700 bbl. Set packer at 120'. Pumped in back side. Pressured up below packer to 1500#-OK. Removed BOP & spool to check weld around 4½" casing. Weld broke loose.

2-24-69 Welded up around 4½" casing. Pressured up on casing to 1500# OK. Drilled out bridge plug. Cleaned out to TD. Trip in to run production tubing, total of 161 jts landed 4970. Rig down.



RECEIVED

MAR 4 1969

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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

SIGNED *Joe C. Delmon*

TITLE District Superintendent DATE 2-27-69

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

