## SUBMIT IN TRIPLICATES (Other instructions on re-

-	DEPARTN G	SF-077651	AND BRAIRL, NO.			
	SUNDRY NOTION (Do not use this form for propose Use "APPLICA"	6. IF INDIAN, ALLOTTE	B OR TRIBE NAME			
1.	OIL GAS X OTHER			7. UNIT AGREEMENT NA	MB	
2.	NAME OF OPERATOR			8. FARM OR LEASE NAME		
	Aztec Oil & Gas Company	У		Richardson	<u> </u>	
3.	ADDRESS OF OPERATOR			9. WELL NO.		
	P. O. Drawer 570, Farm	ington, <u>New Mexico</u>	87401	#2-A	<u></u>	
4.	LOCATION OF WELL (Report location cle See also space 17 below.) At surface	any State requirements.*	10. FIELD AND POOL, OR WHIDCAT Blanco Mesaverde			
	1450	' FSL & 1550' FWL		11. SEC., T., R., M., OR 1		
	Sect	SURVEY OR AREA				
				Section 15-		
14.	PERMIT NO.	15. ELEVATIONS (Show whether	r DF, RT, GR, etc.)	12. COUNTY OR PARISH	18. STATE	
		6204	' GR	San Juan	New Mexic	
16.	Check Ap	propriate Box To Indicate	Nature of Notice, Report, or C	Other Data		
	NOTICE OF INTENT	POTRETOR	DENT REPORT OF:	-		
	TEST WATER SHUT-OFF	ULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING T	WELL	
	FRACTURE TREAT	ULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING C.	ABING	
	SHOOT OR ACIDIZE	BANDON*	SHOOTING OR ACIDIZING	ABANDONME		
	REPAIR WELL C	HANGE PLANS	(Other) CORRECTED WE	ELL NAME & ACRE	AGE X	
	(Other)		(Nore: Report results Completion or Recomp	of multiple completion etion Report and Log for	on Well rm.)	
17.	DESCRIBE PROPOSED OR COMPLETED OPER proposed work. If well is direction nent to this work.)	ATIONS (Clearly state all pertically drilled, give subsurface l	nent details, and give pertinent dates, ocations and measured and true vertice	including estimated dat al depths for all marker	e of starting any s and sones perti-	

Well Name Changed From Richardson #15 To Richardson #2-A.

Acreage Changed From 320 To 301.02.



8. I hereby certify that the foregoing is true and correct	TITLE District Superintendent	DATE Se	ptember 19, 197
(This space for Federal or State office use)			
APPROVED BY	TITLE	DATE	

16.

## UNITED STATES BUBMIT IN TRIPLICATE® Other instructions on reverse side) GEOLOGICAL SURVEY

Form approved. Budget Bureau No. 42-B1424 5. LEASE DESIGNATION AND SERIAL NO.

SF-077651 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY	<b>NOTICES</b>	AND	REPORTS	ON	WELLS
<b></b>					

(The not use this form for proposals to drill or to deepen or plug back to a different reservoir

Use "APP	Use "APPLICATION FOR PERMIT—" for such proposals.)					
OIL GAS THE WELL OTHE	R	(2)	7. UNIT AGREDMENT	NAME		
2. NAME OF OPERATOR Aztec Oil & Gas Com	pany	E S z	8. FARM OR LEASE N	AMB X		
8. ADDRESS OF OPERATOR P. O. Drawer 570, F	armington, New Mexic	o 87401 6 . m	9. WELL NO. #2-A			
4. LOCATION OF WELL (Report location See also space 17 below.) At surface	on clearly and in accordance with	8 88	Blanco Mesa			
1450' FSL & 1	550' FWL		11. SEC., T., R., M., OF SURVEY OR AR	R BLK, AND		
Section 15-31						
	Section 15	-31N-12W				
14. PERMIT NO.	15. ELEVATIONS (Show wheth	er DF, RT, GR, etc.)	12. COUNTY OR PARIS	SH 18. STATE		
	6204' G	ir	San Juan	New Mexico		

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

NOTICE OF INTENTION TO:				SUBSEQUENT 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		ABANDON*			SHOOTING OR ACIDIZING		ABANDONMENT*
REPAIR WELL		CHANGE PLANS			(Other)		CASING REPORT X
(Other)				]	(Note: Report rest Completion or Reco	nlts o mple	of multiple completion on Well tion 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 sones pertinent to this work.)\*

Spudded 13-3/4" Surface Hole. Drilled To TD Of 337'. Ran 8 Joints Of 9-5/8" 36# J-55 Casing, Set At 337'. Cemented With 300 Sacks Of Class "A" & 2% Chloride. Cement Circulated To Surface.

U. S. GEOLOGICAL SURVEY FARMETETON, N. 1

8. I hereby pertify that the foregoing is true and correct SIGNED ALL MILMON	TITLE District Superintendent	DATE Octobe	er 2, 1975
(This space for Federal or State office use)			
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	

Ferial 9-321 (May 1963)	DEPART	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.				
		SF-077651	· /			
	SUNDRY NOT	ICES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTTI	DE OR TRIBE NAME	
(Do not	use this form for propor Use "APPLICA					
OIL WELL	GAS X OTHER			7. UNIT AGREEMENT N	AMB	
2. NAME OF OPE				8. FARM OR LEASE NA	ЖВ	
	il & Gas Compa	ny		Richardson		
	rawer 570, Far	mington, New Mexico	87401	9. WELL NO. #2-A		
See also space	well (Report location c e 17 below.)	learly and in accordance with any	State requirements.*	10. FIELD AND POOL,	OR WILDCAT	
At surface	145	0' FSL & 1550' FWL		Blanco Mesa		
	Sec	tion 15-31N-12W		11. SEC., T., R., M., OR SURVEY OR ARE	BLK. AND	
14. PERMIT NO.		15. ELEVATIONS (Show whether D	P PT CP etc.)	Section 15-		
11. 1		6204		, , , , ,	4 5 5	
		0204	GR	San Juan	New Mexico	
16.	Check Ap	ppropriate Box To Indicate 1	Nature of Notice, Report, or O	ther Data		
	NOTICE OF INTEN	TION TO:	вовавот	ENT REPORT OF:	A Taret	
TEST WATER	SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING	WELL -	
FRACTURE TR	REAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING		
SHOOT OR AC	IDIZE	ABANDON®	SHOOTING OR ACIDIZING	ABANDONMENT*		
REPAIR WELI		CHANGE PLANS	(Other)	CASING REP		
(Other)	, . <del></del>		(Note: Report results Completion or Recomple	tion Report and Log fo	rm.)	
17. DESCRIBE PROP proposed w	POSED OR COMPLETED OPE Fork. If well is direction	RATIONS (Clearly state all pertines mally drilled, give subsurface locs	nt details, and give pertinent dates, : tions and measured and true vertical	including estimated da depths for all marker	te of starting any	
nent to this	work.) *			-		
					***	
10-10-75	Ran 114 Join	ts Of 7" 23# K-55 Ca	sing, Float Shoe Set A	At 4575', Stag	e Tool	
	Set At 2915'	. Cemented First Sta	ige With 170 Sacks Of E	Halliburton Li	te And	
	50 Sacks Of	Neat On Bottom. Plug	Down At 7:00 AM.	- - :	* 4 L <sub>2</sub> L	
				•		
10-11-75	Cemented Sec	ond Stage With 407 S	acks Of Halliburton Li	ite, 50 Sacks	Of Class	
	"B" With 2%	Chloride. Plug Down	At 11:30 AM.			
10 10 75	D	00 414 10 704 4 77				
10-12-75	Kan 16 Joint	Casing, Float Shoe Se	et At 5141', H	langer		
			Sacks Of Class "B" Wit	th 6/10 Of 1%	CFR-2	
	Plug Down At	2:30 AM.				
				· · · · · · · · · · · · · · · · · · ·		
					충 출킨	
			/Kimin_ /			
			OCT 20,1975			
			nct 20.13.	5		
			1 0-		4 . * ***	

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

SIGNED

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

U. S. CEOLOGICAL SURVEY

Porm 9-331		UNITED STATES	SUBMIT IN TRIPLICATES		red. an Ng. 42-R1424.
(Mgr 1968)	DEPAR	TMENT OF THE INTE	RIOR (Other instructions on re-	5. LEASE DESIGNATION	
		GEOLOGICAL SURVEY		SF-077651	
	CHAIDDY MC	OTICES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTTE	D OR TRIBE NAME
		oposals to drill or to deepen or plus LICATION FOR PERMIT—" for such		**	
1.				7. UNIT AGREEMENT N	AMB
WELL G	ELL OTHER				
2. NAME OF OPERA				8. FARM OR LEASE NA	ME
	& Gas Com	pany		Richardson	
8. ADDRESS OF OPE			07.404		
P. U. Dra	Wer 5/U, F	armington, New Mexico on clearly and in accordance with a	NV State requirements *	#12-A 10. FIELD AND POOL, O	DR WILDCAT
See also space 1	(7 below.)			1	
		450' FSL & 1450' FEL		Blanco Mesa	BLK. AND
	S	ection 15-31N-12W		SURVEY OR AREA	k F
				Section 15-	31N-12W
14. PERMIT NO.		15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISI	18. STATE
		6278	GR	San Juan	New Mexic
16.	Chack	Appropriate Box To Indicate	Nature of Notice, Report, or C	Other Data	-
	NOTICE OF IN	••	• • •	UENT REPORT OF:	2_ ^
		DULY OR ALTER GLOUNG	WARRA SHURARE	REPAIRING	
TEST WATER S		PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	ALTERING O	.
SHOOT OR ACID	<u> </u>	ABANDON*	SHOOTING OR ACIDIZING	ABANDONME	<del></del>
REPAIR WELL		CHANGE PLANS	(Other)	CASING RE	PORT X
(Other)			(Nore: Report results Completion or Recomp	of multiple completion letion Report and Log fo	on Well
17. DESCRIBE PROPO proposed wor nent to this w	k. If well is dire	OPERATIONS (Clearly state all pertine ectionally drilled, give subsurface lo	nent details, and give pertinent dates, cations and measured and true vertice	, including estimated da al depths for all marker	te of starting any
10-12-75	Moved In	& Rigged Up. Spudded	13-3/4" Surface Hole.	Drilled To 245	٠.
10-13-75	3031. Ceme	o TD 309'. Ran 7 Join ented With 300 Sacks d To Surface.	ts Of 9-5/8" 36# K-55 ( Of Class "A" & 2% Chlo	Casing, Set At ride. Cement	
	9				
			-		
			ਤੀ ਹ		
				j	
			્બી.	GAM. COM.	
				OIST. 3	
18. I hereby certify	that the forceoir	ng is true and correct /	·		

TITLE

(This space for Federal or State office use)

Form \$-331 (May 1963)	UNITED ST DEPARTMENT OF T GEOLOGICAL	THE INTERI	SUBMIT IN TRIPLICATE* OR verse side)	Form approved. Budget Bureau No. 42-R1424  5. LEASE DESIGNATION AND SERIAL NO.  SF-077651			
OIL GAB WELL	X OTHER	7. UNIT AGREEMENT I	TAME				
2. NAME OF OPERATOR AZTEC Oil & 8. ADDRESS OF OPERATOR		New Mexico	87401	8. FARM OR LEASE NA Richardson 9. WELL NO. #2-A			
4. LOCATION OF WELL (R. See also space 17 belo At surface	eport location clearly and in acc w.) 1450' FSL & 1	rly and in accordance with any State requirements.*  ' FSL & 1550' FWL  ion 15-31N-12W			OR WILDCAT  AVET DE LAND  ALA  -31N-12W		
14. PERMIT NO.	15. ELEVATIONS	Show whether DF,	RT, GR, etc.)	12. COUNTY OF PARIS	New Mexic		
16.	Check Appropriate Box		ature of Notice, Report, or C	<del>'</del>	NOW MORIE		
N	OTICE OF INTENTION TO:			JENT REPORT OF:			
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER C MULTIPLE COMPL ABANDON* CHANGE PLANS		WATER SHUT-OFF  FRACTURE TREATMENT  SHOOTING OR ACIDIZING  (Other)  (NOTE: Report results Completion or Recompl	ALTERING ABANDONM TUBING REP	CASING NOTE ORT X		
nent to this work.) *	160 Joints Of 1½"		ng, Landed At 5002'.	· · · · · · · · · · · · · · · · · · ·			
	DEC 11 19 OII. CON. CO		DEC 1.0 1005				
18. I hereby certify that	the foregoing is true and correct	1	trict Superintendent	DATE Dece	mber 9, 1975		
(This space for Feder	ral or State office use)						
APPROVED BY		TITLE	<u> </u>	DATE			