

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-079960

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lawson Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 31-32N-11W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

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 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1040' FSL & 990' FEL

Section 31-32N-11W

14. PERMIT NO.

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

6440 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*

☐
☐
☐
☐
☐

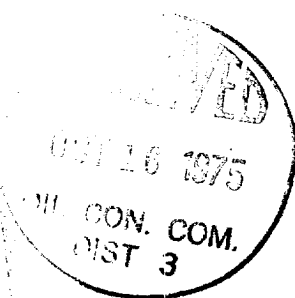
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

PROPOSE TO:

- (1) Pull Tubing.
- (2) Pressure Test Casing.
- (3) Repair Casing Leak.
- (4) Rerun Tubing.
- (5) Return To Production.

OCT 15 1975
U.S. GEOLOGICAL SURVEY



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

SIGNED

[Signature]

TITLE District Superintendent

DATE October 13, 1975

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side