UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
14-20-604-5[illegible]

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

1. OIL WELL ☐ GAS WELL ☒ OTHER

8. FARM OR LEASE NAME
Middle Canyon

2. NAME OF OPERATOR
Aztec Oil & Gas Company

9. WELL NO.
#2

3. ADDRESS OF OPERATOR
P. O. Drawer 570, Farmington, New Mexico 87401

10. FIELD AND POOL, OR WILDCAT
Wildcat Dakota

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1650 FSL & 660 FEL, Section 14-32N-15W

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 14-32N-15W

14. PERMIT NO.

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

12. COUNTY OR PARISH
San Juan

13. STATE
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)			
				(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.)*

Recovered 20 Bbls in March - 270 Bbls To Be Recovered.

RECEIVED
APR 12 1971
OIL CON. COM.
DIST. 3

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

SIGNED [signature] TITLE District Superintendent DATE April 7, 1971

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side