

Form 100-1
(July 1965)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SHRIMP IN TRIPLICATE
(Give instructions on re-verse side)

Form approved
Bureau of Land Management
No. 42-21424

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. UNIT ACREMENT NAME
2. NAME OF OPERATOR <i>Aspac Oil & Gas Company</i>	8. NAME OF LEASE NAME <i>Middle Canyon</i>
3. ADDRESS OF OPERATOR <i>Tractor 570, Farmington, New Mexico</i>	9. WELL NO. <i>#3</i>
4. LOCATION OF WELL (Report location clearly and in accordance with all State requirements.* See also space 17 below.) <i>At surface</i> <i>2190 FNL & 900 FNL, Section 14-32N-15W</i>	10. FIELD AND POOL, OR WILDCAT <i>Undesignated Dakota</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>6643 Gr</i>
	11. SEC., T., R., M., OR BLM, AND NEELY OR AREA <i>Section 14-32N-15W</i>
	12. COUNTY OR PARISH 13. STATE <i>San Juan New Mexico</i>

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 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 or 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.)*

Pumping 100% Water.



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

SIGNED _____ TITLE *District Superintendent* DATE *October 14, 1970*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side