NO. OF COPIES RECEIVED	Form C-103
DISTRIBUTION	Supersedes Old
SANTA FE / NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE	
U.S.G.S.	5a. Indicate Type of Lease
LAND OFFICE	State Fee X
OPERATOR Z	5. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	mmmmmm
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 -" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL GAS X OTHER-	7. Unit Agreement Name
2. Name of Operator Aztec Oil & Gas Company	8. Farm or Lease Name
3. Address of Operator	Culpepper Martin
P. O. Drawer 570, Farmington, New Mexico	#6-A
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER I 1740' FEET FROM THE South LINE AND 990 FEET FROM	Blanco Mesa Verde
THE East LINE, SECTION 33 TOWNSHIP 32N RANGE 12 W NMPM	
15. Elevation (Show whether DF, RT, GR, etc.) 6043' GR	12. County San Juan
Check Appropriate Box To Indicate Nature of Notice, Report or Ot	
	T REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JQB Sn	oud & casing report
OTHEROTHER	XX
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.	s estimated date of starting any proposed
3-18-77 Smidded 13 3/411 cumface hele at 11,00 AV 7 16 77 B	
3-18-77 Spudded 13-3/4" surface hole at 11:00 AM, 3-16-77. Ran 5	joints of 9-5/8",
36#, K-55, 8rd casing. Total 193.70', shoe set at 204.70'	. Cemented with
190 sacks Class "B" with 1/4# gel-flake per sack and 3% Ca at 4:00 PM. Cement circulated to surface.	CI. Plug down
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I $\!\!\!I$	42
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13. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
	Marie Or 1000
SIGNED District Production Manager	r March 21, 1977
J	
ORIGINAL SEGERATOR HER MANAGEL, JR. PETROLEUM MAGINALER DIST. NO. 3	

CONDITIONS OF APPROVAL, IF ANY: