UNITED STATES

SUBMIT IN TRIPLICATE*

. М.	DEPA	DEPARTMENT OF THE INTERIOR (Other instructions on re-				5. LEASE DESIGNATION AND SERIAL NO. NM-02098-2	
		NOTICES AND REF		ON WELLS back to a different reservoir, proposals,)	6. IF INDIAN, AUGOTTEE OR	TRIBE NAME	
1.	OIL TAS TAS WELL OT	7. UNIT AGREEMENT NAME					
2.	NAME OF OPERATOR				8. FARM OR LEASE NAME		
	Aztec Oil & Gas Co	Gas Company			Summit Viles "B"		
3.	ADDRESS OF OPERATOR	9. WELL NO.					
4.	P.O. Drawer 570, Farmington, New Mexico 87401 LOCATION OF WELL (Report location clearly and in recordance with any State requirements.* See also space 17 below.) At surface				#6 10. FIELD AND POOL, OR WILDCAT Fulcher Kutz Pictured Clif		
	330' FSL & 990' FFL				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
14.	PERMIT NO. U. ELEVATIONS (Show whether DF, at, 68, etc.) 5431 GR				Sec. 29-T29N-R11W 12. COUNTY OR PARISH 13. STATE San Juan New Mexico		
16	Chec	Other Data					
	NOTICE OF	INTENTION TO:		SUBSEQUENT REPORT OF:			
	TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE	FILL OR A TEL CASING MULTIPLE COMPLETE VERNDON*	 Y	WATER SHUE OFF PRACTURE TREATMENT SHOOTING OF ACIDIZING	REPAIRING WELL ALTERING CASIN ABANDONMENT®		
	REPAIR WELL (Other)	CHANGE PLANS		(Other) (Note: Report results	of multiple completion on vetion Report and Log form.)	Well	
17	bisertin proposed or complex proposed work. If well is nent to this work.) •	THE OWNER THOMS (Clearly State directionally drilled, give sub	all pertine surface loc	ent details, and give pertinent dates, ations and measured and true vertical		starting any d zones perti-	
	PROPOSE TO:						
	free point	•	•	duction easing. Shoot	casing off above		

Perforate squeeze hole in 4-3/4" casing opposite base of Ojo Alamo.

Squeeze with 50 sacks cement. Spot 50' plug inside casing across squeeze holes. Squeeze bradenhead with 25 sacks cement.

Spot 10' plug at surface. Install dry hole marker and clean up location.



	CIL CON. COM. DIST. 3
8. I hereby certify that the foregoing is true and	
SIGNED	TITLE District Production Manager DATE August 11, 197
(This space for Federal or State office use)	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE DATE
01-0	*See Instructions on Reverse Side

