## Form \$ 331 (May 1963)

## UNI DISTATES UNITY OF STATES SUBMIT IN TRIPLE (Other instructions to the instructions)

16±

Form approved.
Bodget Barcasi No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

| CEOL | OCICAL | SURVEY |
|------|--------|--------|
| GEOL | COICAL | SURVEI |

and 1219# 20/40 glass beads.

|                                                                                                                                                                                           | · · · · · · · · · · · · · · · · · · ·         | SECROGICAL SURVEY                                                    |                                                                                   | _ _ NM 03:                                           | 78446                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------|--|
| 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.) |                                               |                                                                      |                                                                                   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                 |                                    |  |
| ī.                                                                                                                                                                                        |                                               |                                                                      |                                                                                   | 7. UNIT AGREEMENT NA                                 | 1372                               |  |
|                                                                                                                                                                                           | AS X OTHER                                    |                                                                      |                                                                                   | I. GATI AGREDITANI NA                                | 1302                               |  |
| WELL WELL OTHER  2. NAME OF OPERATOR                                                                                                                                                      |                                               |                                                                      |                                                                                   | 8. FARM OR LEASE NAME                                |                                    |  |
|                                                                                                                                                                                           |                                               |                                                                      |                                                                                   |                                                      |                                    |  |
| Amini Oil C                                                                                                                                                                               |                                               | Aztec Federal                                                        |                                                                                   |                                                      |                                    |  |
|                                                                                                                                                                                           |                                               | 9. WELL NO.                                                          |                                                                                   |                                                      |                                    |  |
| 405 Wall 10                                                                                                                                                                               | owers East -                                  |                                                                      |                                                                                   |                                                      |                                    |  |
| See also space<br>At surface                                                                                                                                                              | 17 below.)                                    | 10. FIELD AND POOL, OR WILDCAT                                       |                                                                                   |                                                      |                                    |  |
| 660' FWL & 1980' FSL                                                                                                                                                                      |                                               |                                                                      |                                                                                   | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA  |                                    |  |
|                                                                                                                                                                                           |                                               |                                                                      |                                                                                   | Sec. 33, T2                                          | 0S. R33E                           |  |
| 14. PERMIT NO.                                                                                                                                                                            |                                               | 15. ELEVATIONS (Show whether                                         | DF, RT, GR, etc.)                                                                 | 12. COUNTY OR PARISH                                 |                                    |  |
| Letter of 4-23-73 3645.5 (                                                                                                                                                                |                                               | GR                                                                   | Lea                                                                               | N. Mexico                                            |                                    |  |
| 16.                                                                                                                                                                                       | Check A                                       | ppropriate Box To Indicate                                           | Nature of Notice, Report, or C                                                    | Other Data                                           |                                    |  |
|                                                                                                                                                                                           | NOTICE OF INTER                               | NTION TO:                                                            | SUBSEQ                                                                            | UENT REPORT OF:                                      |                                    |  |
| TEST WATER S                                                                                                                                                                              | HUT-OFF                                       | PULL OR ALTER CASING                                                 | WATER SHUT-OFF                                                                    | REPAIRING V                                          | VELT.                              |  |
| FRACTURE TRE                                                                                                                                                                              | AT                                            | MULTIPLE COMPLETE                                                    | FRACTURE TREATMENT                                                                | ALTERING CA                                          | 1                                  |  |
| SHOOT OR ACID                                                                                                                                                                             | [                                             | ABANDON*                                                             | SHOOTING OR ACIDIZING                                                             | ABANDONMEN                                           | · '                                |  |
| REPAIR WELL                                                                                                                                                                               |                                               | CHANGE PLANS                                                         |                                                                                   | Completion                                           | X                                  |  |
| (Other)                                                                                                                                                                                   |                                               |                                                                      | (NOTE: Report results<br>Completion or Recomp                                     | of multiple completion<br>letion Report and Log for  | on Well<br>m.)                     |  |
| 17. DESCRIBE PROPO<br>proposed wor<br>nent to this w                                                                                                                                      | A. II WEII IS UITECO                          | enations (Clearly state all pertinonally drilled, give subsurface le | nent details, and give pertinent dates,<br>ocations and measured and true vertice | including estimated dat<br>al depths for all markers | e of starting any and zones perti- |  |
|                                                                                                                                                                                           | •                                             |                                                                      |                                                                                   |                                                      |                                    |  |
| 8-21-73                                                                                                                                                                                   | Ran differe                                   | ntial temperature s                                                  | urvey - looking for hole                                                          | e in tubing.                                         |                                    |  |
| 8-24-73                                                                                                                                                                                   | Set plug in packer; made round trip w/tubing. |                                                                      |                                                                                   |                                                      |                                    |  |
| 8-27-73                                                                                                                                                                                   | Fraced per                                    | fs. of 13808'-13810                                                  | 0', 13838'-13843', & 1                                                            | 3853'-13861'.                                        |                                    |  |
|                                                                                                                                                                                           | Fraced witl                                   | n 4000 gals. M.S.                                                    | pads, 1000 gals. CO <sub>2</sub><br>4500# 40/60 sand, 378                         | , 12000 gals.                                        |                                    |  |

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|----------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 18. I hereby certify that the foregoing is true and correct SIGNED ASLAN SOULINE | TITLE | Agent - RECOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DATE 8-30-73 |
| (This space for Federal or State office use)  APPROVED BY                        | TITLE | ACCEPTED FOR 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AX.          |
| CONDITIONS OF APPROVAL, IF ANY:                                                  |       | AUG 3 PAUG 3 PAU | IRVEY        |

\*See Instructions on Reverse Side OBBS