

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-3484	
2. NAME OF OPERATOR Texaco Inc. (303) 565-8401		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted	
3. ADDRESS OF OPERATOR P. O. Box EE, Cortez, CO. 81321		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 700' FNL & 1650' FWL Sec. 22		8. FARM OR LEASE NAME Navajo Allotted 22A	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6563' GR		10. FIELD AND POOL, OR WILDCAT	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T19N, R5W	
		12. COUNTY OR PARISH McKinley	
		13. STATE New Mexico	

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)\*

The subject well was Plugged and Abandoned on November 23, 1987.  
The following procedure was carried out:

- 1) MIRUSU, TOO H w/3½" tbg. NUBOP.
- 2) Set cement retainer at 5025'. Test annulus to 1500 PSI. Cement below retainer with 50 sx class 'B' cmt.
- 3) Circulate hole w/9.2 ppg mud.
- 4) TOO H w/tbg spotting cmt. plugs as follows:
  - A) 50 sx cmt - 4398' to 4131'
  - B) 25 sx cmt - 3025' to 2891'
  - C) 25 sx cmt - 663' to 529'
  - D) 25 sx cmt - 315' to 182'
  - E) 10 sx cmt - 50' to surface
- 5) NDBOP - cut off wellhead-Erect P & A Marker. Clean location and remove all surface equipment.

As a condition to plugging of the well head,  
the cement retainer must be retained until  
surface restoration is completed.

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

SIGNED Alan C. Klever TITLE AREA SUPERINTENDENT

DATE 12/11/87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

BLM (4) - Navajo Tribe - LAA-AAK

\*See Instructions on Reverse Side

APPROVED

DEC 18 1987