

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 021478 (term.)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR TEXACO Inc.</p> <p>3. ADDRESS OF OPERATOR P. O. Box EE, Cortez, Colorado 81321</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' from South line, 2310' from West line.</p> <p>14. PERMIT NO. _____</p>	<p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Moore</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S-22 - 19N - 3W</p> <p>12. COUNTY OR PARISH Sandoval</p> <p>13. STATE N. Mex.</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p>	

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"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE 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) _____	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DIS. RILE 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.)*

8-20-77

Ran 53 joints of 2 7/8 8rd. EUE Tbnng. tagged at 1655 GL.

8-21-77

Set 15 sx. cement plug 1653' - 1494'. Pulled and layed down 5 jts. tbnng. Waited on cement 1 hour filled hole with water. level did not go down. Plug held, pulled and layed down 31 jts. tbnng. Set 18 sx. cement plug 507 - 357'. Pulled and layed down 16 jts. tbnng., set 25 sx. cement plug 30' to surface in 12" and 5 1/2" csg. Set and welded dry hole marker. Well location needs to be cleaned up.

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

SIGNED Alvin R. Gray TITLE Field Foreman DATE 8-24-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side