

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

JICARILLA B

9. WELL NO.

#9

10. FIELD AND POOL, OR WILDCAT

OTERO GALLUP

11. SEC., T., E., M., OR BLK. AND  
SURVEY OR AREA

SEC. 31 T25N-R5W

12. COUNTY OR PARISH 13. STATE

RIO ARRIBA NEW MEXICO

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Texaco, Inc

3. ADDRESS OF OPERATOR

3300 N. Butler, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

660' FSL and 1980' FEL OF SEC. 31

14. PERMIT NO.

30039057090001

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6795' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

SEE ATTACHED WORKOVER PROCEDURE.

RECEIVED  
JUL 8 1990  
OIL CON. DIV.  
DIST. 3

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

SIGNED

Alan A. Klier

TITLE

AREA MANAGER

DATE

7-8-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED  
AS AMENDED

DATE

JUL 18 1990

AREA MANAGER

BLM-Farmington (5), Jicarilla Tribe, RSL, AAK, MLK, MAG

1/4 sec c-104 for NSL, C-102

\*See Instructions on Reverse Side

