

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Expires August 31, 1985

6. LEASE DESIGNATION AND SERIAL NO.

SF-79600

8. 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.)

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Texaco Inc. (303) 565-8401

3. ADDRESS OF OPERATOR

P.O. Box EE Cortez, CO 81321

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.
At surface

1190' FSL and 1450' FEL, Sec 18

14. PERMIT NO.

10. ELEVATIONS (Show whether OF, AT, CR, etc.)

7152' KB

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C.W. Roberts

9. WELL NO.

#3

10. FIELD AND POOL, OR WILDCAT

Blanco-Mesa Verde

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

Sec 18, T24N-R3W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

10.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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 (Describe fully 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 workover was initiated on July 27, 1989. Following a 7 day buildup, the well was completed on August 12, 1989.

1. MIRUSU. TOOH.

2. Set RBP @ 3750'. Perforate Picture Cliff 3618-40' with 4 jpf. TIH with tubing.

3. Fracture treat as follows:

500 gal 15% HCl and 46,360 gal (1104 bbl) 3% KCl slick water containing 40,000# 20-40 sand. ISIP-540#. 15 min-190#. Swab test and clean out sand.

4. Remove RBP and set pkr at 3696'.

5. Flow 16 hours at 450 MCF rate on 3/4" cable.

6. Seven (7) day buildup. SITP 420 PSI SICP 768 PSI.

7. Complete: AOF 949 MCFPD rate FCP 58 PSI. Tubing pressure stable at 420 PSI.

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

SIGNED

Alan A. Klein

TITLE: Area Manager

DATE: August 23, 1989

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

AUG 30 1989

FARMINGTON RESOURCE AREA

BLM-Farm(4), NMOGCC(2), AAK

*See Instructions on Reverse Side