

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	6. LEASE DESIGNATION AND SERIAL NO. SF - 078048
2. NAME OF OPERATOR TEXACO INC.	7. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 1850' FNL 790' FWL	8. FARM OR LEASE NAME PORK CHOP
14. PERMIT NO.	9. WELL NO. #1
	10. FIELD AND POOL, OR WILDCAT Ballard-Pictured Cliffs
15. ELEVATIONS (Show whether OF, AT, OR, etc.) 7010' KB	11. SEC., T., R., M., OR BLK. AND SUBST. OR AREA Sec 29, T26N R7W
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

RECEIVED

JUN 25 1986

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Request Extended SI Status <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)

Texaco Inc. requests your approval for an extended shut-in status for the Pork Chop Well #1. The well is capable of producing gas in paying quantities, however due to the poor gas market demand the purchaser has requested the well be shut-in indefinitely. The integrity of the casing is believed to be good. The last Braiden head test submitted August 1983 indicated no flow and the well flows produced water only. The Pork Chop lease is comprised of two wells and both are shut-in.

This Approval

Expires

7-21-87

RECEIVED  
JUL 23 1986  
OIL CON. DIV.  
DIST. 3

APPROVED  
AS AMENDED

JUL 21 1986

AREA MANAGER

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

SIGNED John R. May

TITLE AREA SUPERINTENDENT

DATE 6/24/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

BLM (4) NMOGCC (2) LAA JNH ARM

\*See Instructions on Reverse Side

NMOGCC