

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other Instructions on Reverse Side)

Form approved.  
Budget Bureau No. 1001-0135  
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 ☐ 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  
1850' FNL and 790' FWL Sec 29

5. PERMIT NO.

6. ELEVATIONS (Show whether OF, AT, OR, etc.)  
7083' GR

7. LEASE DESIGNATION AND SERIAL NO.  
SF-078048

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

9. UNIT AGREEMENT NAME

10. FARM OR LEASE NAME  
Pork Chop

11. WELL NO.  
#1

12. FIELD AND POOL, OR WILDCAT  
Belard PC

13. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 29, T26N-R7W

14. COUNTY OR PARISH 15. STATE  
Rio Arriba New Mexico

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"/> | WATER SHUT-OFF           | <input type="checkbox"/>            |
| FRACTURE TREAT          | <input type="checkbox"/> | FRACTURE TREATMENT       | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING    | <input type="checkbox"/>            |
| REPAIR WELL             | <input type="checkbox"/> | (Other) Producing Status | <input checked="" type="checkbox"/> |
| (Other)                 | <input type="checkbox"/> |                          |                                     |

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

16. 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 approved for long term shut-in from June 23, 1988 until July 21, 1989. In July, 1989, the Pork Chop #1 was placed on production and is producing approximately 40 MCFPD. Since the well is producing, no shut-in approval will be required at this time.

R  
SEPT 1989  
OIL CO  
OK

I hereby certify that the foregoing is true and correct

SIGNED Alan A. Klier TITLE: Area Manager

DATE August 22, 1989

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

BLM-Farm. (4), AAK

\*See Instructions on Reverse Side