

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Texaco Inc.

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
790' FSL & 1450' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, UN, etc.)
6963' GR

RECEIVED

AUG 19 1985

5. LEASE DESIGNATION AND SERIAL NO.
SF-078431

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Nickson

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Ballard-Pict. Cliffs

11. SEC. T. R. W. OR ALB. AND
SURVEY OR ALB.
Sec. 35, T26N, R8W

12. COUNTY OR PARISH
San Juan

13. STATE
NewMex

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other) Test Compressor Installation			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)			

(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 and prompt work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

A production potential was obtained for possible compressor installation on the Nickson lease from June 21st to July 16th, by use of a portable compressor. No volume was vented. Please disregard all requests to vent gas on this lease.

R 8000

AUG 22 1985

OIL COR. DIV.
DIST. 9

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

SIGNED John R. Mary

TITLE Area Supt.

DATE ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE AUG 20 1985

FARMINGTON RESOURCE AREA

BLM (5) - AJS-JNH-ARM

NMOCC