Form 3160–5
(November 1983)
(Formerly 9–331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 1004–0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078431

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

1850' FNL, 1850' FWL

RECEIVED

MAY 15 1985

BUREAU OF LAND MANAGEMENT

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Nickson

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Ballard Pictured Cliffs

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

Sec. 35, T26N, R8W

14. PERMIT NO.

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

7033'GR

12. COUNTY OR PARISH | 13. STATE

San Juan | NM

16. ## 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

SUBSEQUENT REPORT OF:

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

(Other) XX Test for Compressor Installation

(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 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 approval to vent gas for a period not to exceed 14 days, to obtain an accurate production potential for possible compressor installation on the Nickson lease. All vent volumes will be recorded on appropriate Government forms.

Approved pursuant to Part III D, of NTL-4A.

Notify this office when evaluation period begins & ends

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

SIGNED _____ TITLE Area Supt. DATE 5/7/85

APPROVED AS AMENDED

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAY 15 1985

CONDITIONS OF APPROVAL, IF ANY:

BLM (4) – NMOGC (3) – RJH – JNH – ARM

for M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.