

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NAME OF OPERATOR

Texaco Inc.

ADDRESS OF OPERATOR

P. O. Box EE, Cortez, Co. 81321

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

660' FSL & 660' FEL

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

5763' DF

6. LEASE DESIGNATION AND SERIAL NO.

14-20-0603-8104

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe "AL"

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

Tocito Dome

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

Sec. 28, T26N, R18W NWPM

12. COUNTY OR PARISH

San Juan

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐

PULL OR ALTER CASING

☐
☐
☒
☐

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

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.)

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 perti-
nent to this work.)*

Texaco Inc. is in the process of obtaining contractors to
P & A this well. Plugging operations should be complete
by April 1, 1987.

I hereby certify that the foregoing is true and correct

SIGNED

Chas R. Marx

TITLE

Area Superintendent

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

FARMINGTON RESOURCE AREA

BLM (6) NMOGCC (3) JNH LAA ARM Navajo Tribe

BY

Sinn

*See Instructions on Reverse Side