

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection	5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-8104
2. NAME OF OPERATOR TEXACO Inc. Prod. Dept. Rocky Mtns. U. S.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR P.O. Box 2100, Denver, Colorado 80201	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 1980' from South line & 2130' from West line.	8. FARM OR LEASE NAME Navajo Tribe "AL"
	9. WELL NO. 3
	10. FIELD AND POOL, OR WILDCAT Tocito Dome, Pennsylvania "D"
	11. SEC., T., R., M., OR B.M. AND SURVEY OR AREA 28, 26-N, 18-W, NMPM
14. PERMIT NO.	12. COUNTY OR PARISH San Juan New Mexico
15. ELEVATIONS (Show whether DF, ST, CR, etc.) 5732' KB	

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

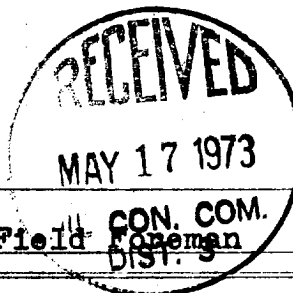
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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 submit pertinent to this work.) *

Commenced workover on 5-7-1973.

Moved in Dowell and dumped 500 gallons 15% inhibited HCL acid down tubing. 800 PSI Max. Press. at 1 BPM to acidized perforations 6313 - 6316 and 6334 - 6345. Reconnected injection line and followed acid with injection SWD water at 75 PSI Max. Press. at .5 BPM. Well went on vacuum when acid reached formation. Injection rate before: 750 BPD @ 75 PSI after: 1500 BPD @ 0 PSI.



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

SIGNED <u>W. F. Wilson</u>	TITLE <u>Field CON. COM. DIST. 3</u>	DATE <u>5-15-73</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side