

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-0603-8104

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

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 BLK. AND
SURVEY OR AREA

28, 26N, 18W, NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1.

OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P.O. Box EE, Cortez, Colorado 81321

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.

14. PERMIT NO.

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

5732' KB

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

9-4-73. Acidized interval 6313 - 45 with 500 gal. 15% NEHCL at rate of 2 BPM max. Pressure 150 PSI went to 0 PSI when acid hit formation. Rate before Workover 100 BWPD @ 125# after 1500 BWPD @ 0 PSI.



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

SIGNED

Alvin R. Mary

TITLE Field Foreman

DATE 10-19-73

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side