## UNITED STATES SUBMIT IN TRIPLICATE OF THE INTERIOR verse side.

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND STATAL NO.

GEOLOGICAL SURVEY	14-20-0603-8/04
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 OF TRIBE NAME Navajo
OIL GAS OTHER Water	7. UNIT AGREEMENT NAME
TEXACO, Inc. Prod. Dept. Rocky Mtns. U.S.,	8. FARM OR LEASE NAME Navajo Tribe "AL"
3. ADDRESS OF OPERATOR	9. WELL NO.
P. O. Box EE Cortez, Colorado 81321  Location of with (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)	10. FIELD AND POOL, OR WILDCAT
1980' from South line and 2130' from West line.	11. SEC., T., R., M., OR BLK. AND Sec. 28, T26N, R18W, NMPM
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  5732 KB	12. COUNTY OF PARISH 13. STATE San Juan New Mexico
Check Appropriate Box To Indicate Nature of Notice, Report, or	
NOTICE OF INTENTION TO: SUBSE	QUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	REPAIRING WELL ALTERING CASING
SHGOT OR ACIDIZE X ABANDON* SHOOTING OR ACIDIZING	ABANDON MENT*
REPAIR WELL CHANGE PLANS (Other) (NOTE: Report result	ts of multiple completion on Well
(Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent date proposed work. If well is directionally drilled, give subsurface locations and measured and true vertine to this work.)*  7-30-74  Backflowed well with 20,000 SCF Nitrogen at rate of out paraffin, scale and rusty water. Treated all pergallons DAD with 600 SCF N2/Bbl. Flushed with 20 Bb pressure 1700 psi.10 minutes SIP - 1000 psi; 60 minutes Shut in 2 hours.	325 SCF/M. Circulated rforations with 1990 ls. water. Maximum
Backflowed with 20,000 SCF N2 at rate of 325 SCF/M abore. Shut in overnight.	and cleaned up wall
7-31-74 Returned well to injection - 2800 BPD at (	O psi.
8. I hereby certify that the foregoing is true and correct	
SIGNER Mary TITLE Field Foreman	DATE 8-9-74
(This space for Federal or State office use)	
APPROVED BY TITLE TOTAL CONDITIONS OF APPROVAL, IF ANY:	DATE