

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-8142
LEASE DESIGNATION AND SERIAL NO.
14-20-0603-8104
LAND STATE, ALLOTTEE OR TRIBE NAME

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. NAME OF OPERATOR
Water Disposal
TEXACO, Inc.
2. ADDRESS OF OPERATOR
P. O. Box EE, Cortez, Colo. 81321
3. LOCATION OF WELL (Specify location clearly and in accordance with any State requirement. For also space below for surface)
1980' from South line and 2130' from West line.
4. PERMIT NO.
5. ELEVATION (Show whether OF, RT, CR, etc.)
5732' KB

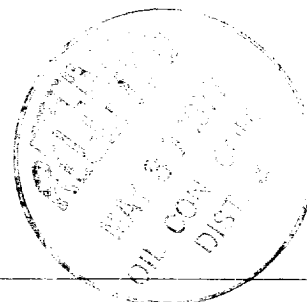
Navajo
7. LEASE AGREEMENT NAME
8. FARM OR LEASE NAME
Navajo Tribe "AL"
9. WELL NO.
3
10. TIES AND BOLL OR "P" POINT
11. SEC., R., M. OR BLK. AND SURVEY OR AREA
S28, T26N, R18W, NMPM
12. COUNTY OR PARISH
San Juan
13. STATE
New Mex.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	SHUT OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	MULTIPLE COMPLETION	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING X	ABANDONMENTS
REPAIR WELL	CHANGE PLANS	(Other)	
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.)

5-5-77. Acidized perfs. 6313-16', 6322-29' and 6334-45' with 2000 gals. 28% DAD and 3000 gals. 28% HCL in three stages. Max. press. 2300, Avg. press. 1800, Avg. BPM 3, ISIP-Vaccum. Placed well on water disposal.



18. I hereby certify that the foregoing is true and correct
SIGNED *Alan R. Many* TITLE **Field Foreman** DATE **5-26-77**
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side