

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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.)

| | |
|---|---|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-2727 |
| 2. NAME OF OPERATOR Texaco Inc. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe |
| 3. ADDRESS OF OPERATOR P. O. Box EE, Cortez, Co. 81321 | 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' FNL & 510' FWL | 8. FARM OR LEASE NAME Navajo Tribe "EP" |
| 14. PERMIT NO. | 9. WELL NO. #1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5591' KB | 10. FIELD AND POOL, OR WILDCAT Tocito Dome |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T26N, R.8W |
| | 12. COUNTY OR PARISH San Juan |
| | 13. STATE NM |

RECEIVED

OCT 22 1986

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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 checked="" type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANE <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 zones pertinent 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.

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

SIGNED John R. Mary

TITLE Area Supt.

(This space for Federal or State office use)

ACCEPTED FOR RECORD
DATE 10/20/86

OCT 23 1986

APPROVED BY chz
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE FARMINGTON RESOURCE AREA

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

*See Instructions on Reverse Side

NMOCC