16.

18.

TEST WATER SHUT-OFF

FRACTURE TREAT

REPAIR WELL

SHOUT OR ACIDIZE

## UNITED STATES UNITED STATES SUBMIT IN TRIPLICATE\* (Other instructions on reverse side)

SUBSEQUENT REPORT OF:

Form approved. Budget Burean No. 42 R1424. 5. LEASE DESIGNATION AND REST L NO.

REPAIRING WELL.

ALTERING CASING

ABANDONMENT\*

-			-	•	•	•		•	•	•		***	
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GEOLOGICAL SURVEY	FED. NOO-C14-20-272			
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.)	Navajo Tribe			
WELL, X GAS OTHER	7. CNIT AGREEMENT NAME			
2. NAME OF OPERATOR	8. FARM OR LEASE NAME			
TEXACO Inc.	Navajo Tribe "BF"			
P.O. BOX EE, Cortez, Colo. 81321  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  See also space 17 below.)  At surface	2 10. FIELD AND POOL, OR WILDCAT  TOCITO DOME Field 11. SEC., T., R., M., OR BLK. AND SURVEY OR ALEA			
1980' from South line and 1980' from West line.  14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	K-26-T26N-R18W 12. COUNTY OR PARISH 13. STAT:			
5592' DF	San Tuan Mass			

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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 dates.

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

WATER SHIET-OFF

FRACTUR : TREATMENT

SHOOTING OR ACIDIZING

10-26-76. MIRUSU. Spot 50 sx. cement across perfs. 5700' - 6062'. Pulled 6018' of tbg. Cut off csg. at 3100' and pulled Triped in hole to 3162' and set 50 sx. plug. out of hole. Pulled and layed down tbg. to 1635' and set 50 sx. plug Pulled and layed down tbg. set 10 sx. plug at surface. Errected hole marker and cleaned up location.

I hereby certify that the foregoing is true, and correct		
1000 - 11 dl	TITLE Field Foreman	DATE 11-16-76.
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

NOTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS