

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-8103
2. NAME OF OPERATOR TEXACO, Inc. Prod Dept. Rocky Mtns. U.S.		6. IF INDIAN ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR P.O. Box EE Cortez, Colorado 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 1800' From South Line and 660' From the East Line		8. FARM OR LEASE NAME Navajo Tribe "AR"
14. PERMIT NO.		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5624' KB		10. FIELD AND POOL, OR WILDCAT Tocito Dome Penn. "D"
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27-26N-18W-NMPM
		12. COUNTY OR PARISH San Juan
		13. STATE N. 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 <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 type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

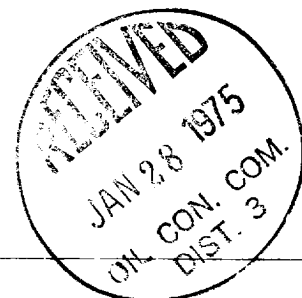
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) *

Commenced workover 9-24-74.
Set packer at 6200'. Acidized with 750 gal. 28% HCL. Well on vac.
entire job @ 5BPM. Pumped in 6 bbls. Tretolite Corrosion & Scale inhibitor
followed by 250 BPW.

Production prior to workover - 116 BOPD, 116 BWPD, 1655GOR.
Production after workover - 126 BOPD, 225 BWPD, 1571 GOR.

Increase in production - 10 BOPD, 109 BWPD.



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

SIGNED <u>Alvin R. Marx</u>	TITLE <u>Field Foreman</u>	DATE <u>1-24-75</u>
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(This space for Federal or State office use)

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

*See Instructions on Reverse Side