

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1421.

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. 14-20-0603-8103
2. NAME OF OPERATOR TEXACO, Inc. Prod. Dept. West U.S.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe
3. ADDRESS OF OPERATOR P. O. Box EE, Cortez, Colo. 81321	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement. * See also space 17 below.) At surface 1980' from East line and 660' from South line.	8. FARM OR LEASE NAME Navajo Tribe "AR"
11. PERMIT NO.	9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5610' GR, (5622' 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, NWNM
	12. COUNTY OR PARISH San Juan
	13. STATE New Mex.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT*
(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 9-2-77.

Pumped 500 gal. 15% NE HCL down annulus at 2 BPM. Csg. pressure 50 psi. Soaked one hour. Displaced acid across perfs with 15 bbl. produced water. Soaked one hour. Pumped 700 gal. 15% NE HCL down annulus at 2 BPM. Csg. pressure 50 psi. Soaked 1/2 hour. Displaced acid into perfs with 15 bbl produced water. Soaked one hour. Put well on production.

Production prior to workover: 3 BOPD, 212 BWPD, 66 MCF

Production after workover: 1 BOPD, 202 BWPD, 60 MCF

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

SIGNED Alvin R. Many TITLE Field Foreman DATE 9-14-77
(This space for Federal or State office use)APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS(4) NMOGCC(3) GLE-ARM-JHP