

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-9135
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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
TEXACO Inc.

3. ADDRESS OF OPERATOR
P.O. Box EE, Cortez, CO. 81321

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980' From East line and 660' from South line

15. ELEVATIONS (Show whether DT, RT, or etc.)
5610' GR, (5622' KB)

5. LEASE DESIGNATION AND SERIAL NO.
14-20-0603-8103

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo Tribe "AR"

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
Tocito Dome Penn "D"

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27 26N, 18W, NWNM

12. COUNTY OR PARISH
San Juan

13. STATE
Utah

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

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

10/17/84: Shut well down pressure Tbg to 300# shut in. Pumped 1000 gal. 28% Hcl acid w/additives & 110 gals. non-emulsifying surfactant down csg. on vacuum followed w/70 Bbls of produced water containing surfactant on vacuum. 2 1/2 BPM shut well in 2 hrs, placed well back on production.

RECEIVED

JAN 24 1985

CON. DIV
DIST 2

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

SIGNED Alvin B. May

TITLE Field Supt.

(This space for Federal or State office use)

ACCEPTED FOR RECORD
DATE 1/8/85

JAN 21 1985

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE
FARMINGTON RESOURCE AREA

USGS (4) NMOGCC (3) Navajo Tribe JNH - RJM - ARM

BY fl

*See Instructions on Reverse Side

FARMINGTON COPY

NMOCC