

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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, ALIEN 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		8. FARM OR LEASE NAME Navajo Tribe "BP"
14. PERMIT NO.		9. WELL NO. #9
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2080' FNL & 2130' FEL 5553' GR		10. FIELD AND POOL, OR WILDCAT Tocito Dome
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 26, T26N, R18W
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.) *		12. COUNTY OR PARISH San Juan
		13. STATE NM

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 PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
18. I hereby certify that the foregoing is true and correct			

Texaco Inc. is in the process of obtaining contractors to P & A this well. Plugging operations should be complete by April 1, 1987.

SIGNED <u>Chas R. Mary</u> TITLE <u>Area Supt.</u> DATE <u>10/20/86</u>	
(This space for Federal or State office use)	
APPROVED BY <u>ch2</u> TITLE <u>Area Supt.</u> DATE <u>OCT 23 1986</u>	
CONDITIONS OF APPROVAL, IF ANY:	

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

*See Instructions on Reverse Side

NMOGCC

BY mm