

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. NAME OF OPERATOR TEXACO, Inc.
3. ADDRESS OF OPERATOR Box EE, Cortez, Colorado 81321
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SE 1/4 SW 1/4 Sec. 27 810' FSL & 1980' FWL, Sec. 27
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5696' GR

5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-8103
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Navajo Tribe "AR"
9. WELL NO. 7
10. FIELD AND POOL, OR WILDCAT Tocito Dome
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27. T26N, R18W
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) <input type="checkbox"/>	(Other) <input type="checkbox"/>

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 12-14-74. Set packer at 6228'. Spotted 165 gals. Dowell U-42 over perms. Swabbed well to pit. Pumped in 2500 gals. 15% HCL and let soak 3 hrs. Swabbed back. Pumped in 4500 gals. 15% HCL. Flushed with 96 BPW. Average pressure = 0 @ 4 BPM. Put back on prod.

Production before workover - 80 BOPD, 550 BWPD.

Production after workover - 41 BOPD, 400 BWPD.



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

SIGNED Alvin R. Mame TITLE Field Foreman

DATE 2-26-75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____