

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Disposal Well	5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-8103
2. NAME OF OPERATOR Texaco, Inc. (505) 325-4397	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe
3. ADDRESS OF OPERATOR 3300 N. Butler, Farmington, NM 87401	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 660' FNL and 1980' FWL of Sec. 27	8. FARM OR LEASE NAME Navajo Tribe "AR"
14. PERMIT NO.	9. WELL NO. #8
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5656' GR	10. FIELD AND POOL, OR WILDCAT Tocito Dome, Penn D
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 27-T26N-R18W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Change out tubing.	

(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.) \*

Texaco Inc. has recently serviced the Water Disposal Well. In the attempt to unseat a packer set @ 6124', the 2-3/8" tubing string parted at the 156th JT. TOH & layed down. TIH w/ 2-3/8" workstring & 3-1/16" grapple w/ 5-3/4" O.D. Skirt latched on tbg. Attempted to unseat packer. TOH recovered 41.5 jts of tbg. TIH w/grapple & latched on to tubing @ 5902' and unseat packer TOH.

TIH w/ 7" packer and 7" RBP. Set the RBP @ 6150' & the packer @ 6090'. Pressure tested to 1500 PSI for 30 minutes w/ no pressure loss. Unseat packer and retrieved 7" RBP & TOH. RIH w/new 2-3/8" J-55, 8rd, EUE plastic coated tbg and 7" packer set @ 6116'. Loaded annulus w/211 BBLs packer fluid and pressure tested to 1000 PSI for 15 minutes. Tested OK. Put back on service.

RECEIVED

JUL 11 1990

OIL CON. DIV  
DIST. 2

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

SIGNED Alan A. Klever

TITLE Area Manager

DATE 5-30-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

Tommy

ACCEPTED FOR RECORD

DATE  
JUL 06 1990

BLM-Farm(6), NMOGCC(4), Navajo Tribe, RSL, AAK, MLK, MAG

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA  
BY [Signature]