

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 ☒ 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
660' FNL & 510' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5685' KB

NOO-C-14-20-5431

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe BS

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Tocito Dome-Penn D

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 23, T26N, R18W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

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"/>		<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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

The subject well was completed as Plugged & Abandoned, March 5, 1987.
The following procedure was carried out during the plugging operations.

- 1) MIRUSU, TOO H w/rods & pump. NUBOPS, TOO H w/tubing & A.C.
- 2) TIH w/tubing open ended to 6445' KB. Spot 50 sx Class B cement w/3% CaCl₂ & 1/4#/sak cellophane flakes from 6445'-6185' no returns. TOO H w/tubing & shut down for night.
- 3) TIH w/tubing & tag cement at 6290' KB. Displace hole w/9.2#/gal brine based mud.
- 4) TOO H w/tubing spotting 25 sx class B cement plugs at the following depths: 6200'-6068', 5638'-5506', 3900'-3768', 2258'-2126', 1660'-1528', 990'-858'. Spot 30 sx Class B cement from 150'-surface. Shut in for night.
- 5) Cut off casing. Erect dry hole marker & clean location. Operations complete 3/5/87.

NOTE: Location will be seeded between July 1, and Sept. 1 with the prescribed seed mix.

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

SIGNED Alan A. Klever TITLE AREA SUPT.

DATE 3/23/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

BLM (6) - Navajo Tribe-JNH-LAA-AAK-MLK

*See Instructions on Reverse Side