

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NOO-C-19-20-5431

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. WELL TYPE OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR TEXACO, Inc.	8. FARM OR LEASE NAME Navajo Tribe "BS"
3. ADDRESS OF OPERATOR P.O. Box EE, Cortez, Colo. 81321	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also page 17 below.) At surface SW ¹ / ₄ NW ¹ / ₄	10. FIELD AND POOL, OR WILDCAT Tocito Dome
1180' from North line and 510' from West line	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23 T26N R18W
4. PERMIT NO.	12. COUNTY OR PARISH 13. STATE

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 TREATMENT <input type="checkbox"/>	MULTIPLE COMPLETION <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.)

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.)*

Plan to abandon this well because of high risk involved to repair collapsed casing:

Procedure:

1. Perforate tubing as deep as possible (est. 6400').
2. Displace 50 sx. cement across perforations (6381'-6421').
3. MIRUSU cut tubing at 3260' and salvage.
4. Cut casing above collapse and salvage.
5. Spot 50 sx. cement in and around casing stub.
6. Fill hole with mud to 10' below surface pipe or 1589'.
7. Place 50 sx. cement plug at base of surface pipe - 1579'.
8. Fill hole with mud.
9. Place 10 sx. cement surface plug, set proper marker, salvage all remaining wellhead equipment, and clean location.

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

SIGNED [Signature] TITLE Field Foreman DATE 7-12-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC(3) USGS(2) GLE-ARM-JHP