UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON*

(other) NOTICE

REPAIR WELL

APPROVED BY

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Form 9–331 Dec. 1973	Form Approved, Sudget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Z
	NM C= 00223
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different	
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas other	FREW FEDERAL
well Well Other	9. WELL NO.
2. NAME OF OPERATOR	7
TEXACO INC.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	NIPP- = ARMINGTON
P. O. BOX 2100; DENVER, COLO 80201	11. SEC., T., R M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sea 19, - 26N, RIZW
AT SURFACE: 1190 FSL g 790 FWI	12. COUNTY OF PARISH 13. STATE
AT TOP PROD. INTERVAL:	SAN JUDA New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATION'S (SHOW DF, KDB, AND WD)
_	6 30 GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF $\ \square$ $\ \square$ $\ RECE$	IVED

(NOTE: Report results of multiple completion or zone

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.)*

CHANGE OF OWNER AND OPERATOR

This reports transfer of well ownership from COME PETROLEUM to TEXACO OILS INC.; and, also, the designation of TEXACO INC. as the duly authorized operator of this well, effective February 1. 1984.

MAR 1 5 1984

FARMINGTON RESOURCE AREA

BUREAU OF LAND MANASEMER TO Form 9-330.)

18. Thereby certify that the foregoing is true and correct

Subsurface Safety Valve: Manu. and Type

277 any TITLE Field Supt. DATE 3-13-84

(This space for Federal or State office use;

TITLE .

CONDITIONS OF APPROVAL, IF ANY NMOGC(2) JNH CDF ARM _ DATE __ACCEPTED FOR RECORD

JUL 17 1935

*See Instructions on Reverse Side

PERCHANT MICA FARMING A. MEN HEALTH