

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Texaco Inc.

3. ADDRESS OF OPERATOR
P. O. Box EE Cortez, Co. 8132

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1450' FNL & 1190' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6088' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM 31059

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dome Fed. 24-26-13

9. WELL NO.
#3

10. FIELD AND POOL, OR WILDCAT
WAW Fruitland Pictured Cliff

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T26N, R13W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

RECEIVED

OCT 06 1986

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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 checked="" 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 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.)*

Concerning the above well and BLM letter dated Sept. 26, 1986, we intend to plug the well as soon as working interest approval is received. We expect to receive WIO approval by 11-1-86.

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

SIGNED Alan R. Mox TITLE Area Superintendent

(This space for Federal or State office use)

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

BLM (5) NMOGCC (3) JNH LAA ARM

*See Instructions on Reverse Side

APPROVED

DATE 10/02/86

DATE