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

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 Form 9–331–C for such proposals.)

	rorm Approved
	Budget Bureau No. 42-R1424
5. LEASE	
nm =/08	9
6. IF INDIAN ALLOT	TEE OR TRIBE NAME
7. UNIT AGPLEEMEN	IT NAME
8. FARM C= _EASE	NAME
Dome =der	201 14-26-13
9. WELL NO	
3	
10. FIELD C= WILDC	AT NAME
WAW FILLIHO	and-Pictured Cliff
	OR BLK. AND SURVEY OR
AREA	
Suc 111 101	0 0.00

gas well \boxtimes well other 2. NAME OF OPERATOR TEXACO INC. 3. ADDRESS OF OPERATOR P. O. BOX 2100; DENVER, COLO 80201 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 ₹C7A+ 2011 K1,200 AT SURFACE: 1530' FOLE 790' FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: San linn newmexico AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD. bouce GR REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT RECEIVED SHOOT OR ACIDIZE REPAIR WELL MAR 15 1804 Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE BUREAU OF LAIND MAIN O IME OF FER AMOTON PLECUTIVE AREA CHANGE ZONES ABANDON* CHANGE (other) NOTICE 0 F OWNER AND OPERATOR 0 F 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent petails, and give pertinent dates including estimated date of starting any proposed work. If well is directionally drived, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) -This reports transfer of well ownership from DOME PETROLEUM to TEXACO OILS INC.; and, also, the designation of TEXACO INC. as the duly authorized operator of this well, effective February 1. 1984. Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct _ TITLE _ Field Supt__ DATE =-13-54 (This space for Federal or State office use APPROVED BY __ TITLE __ DATE CONDITIONS OF APPROVAL, IF ANY ACCEPTED FOR RECORD NMOGC(2) JNH CDFARM

*See Instructions on Reverse Side

JUL 22 1985

FARMINGIUM RESOURCE AREA Smm

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