

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.)

1. oil ☐ gas ☒ 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. See space 17 below.)
AT SURFACE: 790' FSL & 790' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒
(other) _____

SUBSEQUENT REPORT OF:

RECEIVED
SEP 27 1984
OIL CON. DIV.
DIST. 3

5. LEASE
USNM - 12020
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Kirby Gallegos
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
WAW Pictured Cliff
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
26-T27N-R13W
12. COUNTY OR PARISH 13. STATE
San Juan New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6078 DF

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)*

Texaco Inc. requests your approval to plug and abandon the subject well as follows:

1. MIRUSU
2. Fill casing with 9.2#/gallon mud.
3. Spot 330' cement plug (25 sx) from 1332' to 1002'. (Perfs @ 1315 to 1332').
4. Spot 450' cement plug (35 sx) from 450' to surface.
5. Cut off casing, erect dry hole marker and clean location.

NOTE: Previous sundry notice of well completion indicated both strings of casing were cemented to surface.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED: SILVER A. R. MARX TITLE Field Superintendent DATE 9-18-84

This space for Federal or State official use.

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY.

TITLE _____ DATE _____

BLM (4) - NMOCC (3) - JEH - RJH - ARM

*See Instructions on Reverse Side

**APPROVED
AS AMENDED**SEP 20 1984
M. MILLENBACH
AREA MANAGER