

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 Depleted Reference 14-20-603-5036
3162.3-4 (016)

2. NAME OF OPERATOR
Texas Eastern Developments, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 2521 Houston, TX 77252-2521

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

14. PERMIT NO. 1959 FSL & 1848 FEL

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5209.46 GR

RECEIVED

APR 10 1987

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.
Indian Allotted
#14-20-603-5036

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.
Shiprock

10. FIELD AND POOL, OR WILDCAT
Shiprock-Gallup

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Sec. 17, T29N, R18W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

18. 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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

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 checked="" 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.)

Well Data

Spud 4/30/61 TD 92' Hole Size 6 3/4" Casing 5 1/2" @ 74' cmt'd w/ 7.0 sx.

Casing Recovered: Size — Amount 0 ft.

Producing interval: 79' - 92'

Method of Plugging: Halliburton Pump

Type Cement: Portland w/8% Bentonite, slurry wt. 13.3 ppg, slurry vol. 1.82 cu ft/sx

Remove rods, pump and tubing.

1st stage cement: Squeeze 5.0 cu ft, set plug 92' to surface w/ 12.0 cu ft.

Top cement at 0' GR.

2nd stage cement: set plug — to surface w/ — cu ft cement.

Dates

Notice of intent to plug approved: JAN 27, 1987

Well plugged: MARCH 12, 1987

Land Restoration: MARCH 28, 1987

Marker set: APRIL 2, 1987

Land seeded: —

Approved: ON CON. DIV. of Land
Liability under bond is retained until
surface restoration is completed.

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

SIGNED H. N. Hinds

TITLE

Drilling Superintendent

M. N. Hinds

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

APPROVED

DATE

APR 16 1987

DATE

AREA MANAGER
FARMINGTON RESOURCE AREA