

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-014378

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Texaco
H. Loë - Federal "B"

9. WELL NO.

2E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 23 T29N-R12W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

TEXACO Inc. Attention: G. L. Eaton

3. ADDRESS OF OPERATOR

P. O. Box 2100, Denver, Colorado 80201

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

At surface

SW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. 23

1700' FNL & 1050' FWL, Sec. 23

14. PERMIT NO.

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

5657' GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

CORRECTION

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

CORRECTION:

Well No. should be 2E instead of 2A per OGCC memorandum dated 5-25-79 to Operators of Gas wells in the San Juan Basin.



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

SIGNED

G. L. Eaton

TITLE District Superintendent DATE Nov. 5, 1980

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS (3) OGCC (2) GLE ARM (2)
Farmington Aztec *BH*

*See Instructions on Reverse Side