

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. Loe - Federal "B"

9. WELL NO.

3E ~~3E~~ 3E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec. 23 T29N-R12W

14. PERMIT NO.

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

5583' GR 5595' KB

12. COUNTY OR PARISH

13. STATE

San Juan New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

Ran Surface Casing

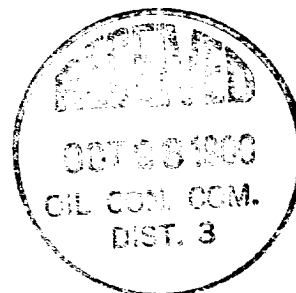
(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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.)\*

Spudded well at 10:00 AM, 9-29-80.

Ran 489' (12 joints) of 8-5/8" OD 24# K-55 ST&C casing.  
Landed at 481' KB and cemented with 440 sacks Class "B" with 2% CaCl<sub>2</sub>  
and 1/4 D-29 per sack. Good returns to surface. Plug down at 12:20 PM,  
9-30-80. Float held.

Tested casing and blowout preventer equipment to 1000 psi for 15 minutes.  
Held ok.



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

SIGNED

*G. L. Eaton*

TITLE District Supt.

DATE Oct. 10, 1980

(This space for Federal or State office use)

APPROVED BY

*[Signature]*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS (3)

OGCC (2)

GLE

ARM (2)

\*See Instructions on Reverse Side

NMOCC