

(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 ☐
well well 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: 2310' FSL & 2310' 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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input checked="" type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

5. LEASE N.M. 5980	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Federal 21	
9. WELL NO. 1	
10. FIELD OR WILDCAT NAME OJO Encino WC Menef	
11. SEC., T., R., M., OR BLK. AND SURVEY AREA Sec. 21 - T20N - R5W	
12. COUNTY OR PARISH McKinley	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND) 6775' GR 6737' KB	

(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. Operator of the above referenced well proposes to recompleate from the Entrada to Menefee Formation by the following procedure.

1. MIRUSU
2. Set CIBP at 5600' and pressure test to 1500" psi.
3. Perforate at 2472', set cmt retainer at 2450', squeeze w/150 sx Class B w/2% CaCl.
4. WOC
5. Pressure test to 2500# psi.
6. Perforate 14 holes between 2058' and 2268'.
7. Acidize w/500 gals. 15% MCA.
8. Fracture treat w/3100 gals. gelled water, 33,500 lbs. sand.
9. Circulate to clean up wellbore. Put on pump. RDMOSU.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Steve R. Z... TITLE Field Supt. DATE November 14, 1984

(This space for Federal or State office use)

APPROVED BY _____ TITLE DEFE DATE NOV 20 1984
CONDITIONS OF APPROVAL, IF ANY _____

BLM-6) NOGCC(3) RT. TNH. QRm.

R

NOV 26 1984

M. MILLENBACH
AREA MANAGER

*See Instructions on reverse side

OIL CON. DIV.
DIST. 3

NMCC

Amendments :

- 1) Set C.I.B.P. @ 5820'
- 2) Submit a Well Completion Report (Form 3160-4, formerly 9-330) when operations are completed.

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OIL CON. DIV.
DIST. 3