

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER   | 5. LEASE DESIGNATION AND SERIAL NO.<br>#34                            |
| 2. NAME OF OPERATOR<br>Texaco Inc.  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box EE, Cortez, co. 81321   | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1450' FSL & 990' FEL | 8. FARM OR LEASE NAME<br>Jicarilla C                                  |
| 14. PERMIT NO.  | 9. WELL NO.<br>#19  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6736' DF  | 10. FIELD AND POOL, OR WILDCAT<br>S. Blanco-PC                        |
|   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 27, T25N, R5W |
|   | 12. COUNTY OR PARISH<br>Rio Arriba                                    |
|   | 13. STATE<br>NM   |

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

NOTICE OF INTENTION TO:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |

(Other) Commingle

SUBSEQUENT REPORT OF:

|  |  |
|--|--|
| 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 type="checkbox"/>    |

(Other)

(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.) \*

Texaco Inc. request confirmation of approval to commingle production from the Pictured Cliff & Chacra formations in the well bore of the subject well. A recent packer leakage test indicates that communication exists between the formations so commingling may avert servicing. This request is in accord with Case No. 5844, Order No. R-5388 by the Oil Conservation Commission.

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

SIGNED Alan A. Klein TITLE Area Superintendent

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

BLM (5) NMOGCC (3) LAA JNH AAK

\*See Instructions on Reverse Side

|                     |
|---------------------|
| APPROVED            |
| DATE <u>11/7/86</u> |
| DATE <u>11/7/86</u> |
| FAS <u>11/7/86</u>  |