

BUREAU OF LAND MANAGEMENT

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

2. NAME OF OPERATOR

Texaco Inc.

3. ADDRESS OF OPERATOR

P.O. Box EE, Cortez, CO. 81321

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

850' FSL & 890' FEL

RECEIVED

AUG 12 1985

14. PERMIT NO.

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

7350' GR

5. LEASE DESIGNATION AND SERIAL NO.

SF 080536

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hall

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

So. Blanco Pictured Cliffs

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

Sec. 21, T25N, R3W

12. COUNTY OR PARISH

13. STATE

Rio Arriba

NM

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 ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

(Other) Test for Compressor Installation

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.)*

Texaco Inc. requests approval to vent gas for a period not to exceed 14 days, to obtain an accurate production potential for possible compressor installation on the Hall lease. All vent volumes will be recorded on appropriate Government forms.

RECEIVED
AUG 15 1985
OIL CON. DIV.
DIST. 9

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

SIGNED

Al-R. Mary

TITLE

Area Supt.

DATE

8/8/85

(This space for Federal or State office use)

APPROVED
AS AMENDED

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

BLM (5) - AJS-JNH-ARM

AUG 14 1985

John Millerbach
J. A. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMCC