

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse 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 checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 079601	
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, Texas 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL & 990' FEL, UNIT LETTER I, NE/SE		8. FARM OR LEASE NAME LYDIA RENTZ	
		9. WELL NO. 9A	
		10. FIELD AND POOL, OR WILDCAT *	
		11. SEC., T., R., OR BLK. AND SURVEY OR AREA I SEC. 20, T-25-N, R-3-W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-7325'	12. COUNTY OR PARISH RIO ARRIBA	13. STATE 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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) **REVISED CASING, CEMENT & MUD**

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

*FIELDS: BLANCO, MESA VERDE AND WEST LINDRITH, GALLUP-DAKOTA.

AFTER REVIEW OF OUR 1993 DRILLING PROGRAM IN THIS AREA, TEXACO HAS REVISED THE CASING, CEMENTING, AND MUD PROGRAMS FOR THIS WELL.

ATTACHED ARE THE REVISED PROGRAMS FOR THIS WELL.

RECEIVED
APR - 8 1994

OIL CON. DIV.
DIST. 3

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

SIGNED

C. P. Basham / cwh

TITLE

DRILLING OPERATIONS MANAGER

DATE

03-03-94

(This space for Federal or State office use)

APPROVED BY

SHIRLEY MONDY

TITLE

Chief, Lands and Mineral Resources

DATE

APR 6 1994

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side