

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>14-20-603-1433</u>	
2. NAME OF OPERATOR <u>TEXACO Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Navajo</u>	
3. ADDRESS OF OPERATOR <u>P.O. Box EE, Cortez, Colorado 81321</u>		7. UNIT AGREEMENT NAME <u>Northeast Bisti</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u>		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. <u>3</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6401' DF</u>		10. FIELD AND POOL, OR WILDCAT <u>Bisti Lower Gallup</u>	
11. PERMIT NO.		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA <u>15, T25N, R11W, NM-PM</u>	
12. COUNTY OR PARISH <u>San Juan</u>		13. STATE <u>New Mexico</u>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)\*

11-12-73. MIRU released packer. Pulled out of hole 2-3/8 EUE 8rd tubing. Remove packer. Run in hole, spot 15 sx. cement across perfs. 4901 - 11. Pulled out of hole. Dig out well head. Cut off remove casing head. Ran free point. Cut off 5 1/2 csg. Spot 32 sx. cement across stub 50' in and 50' above. 48 sx. 1360 - 1210, 32 sx. 475 - 375, 10 sx. top of 9-5/8 csg. Erected dry hole marker and cleaned up location.



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

SIGNED A. R. MARX TITLE Field Foreman DATE 11-16-73

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

HOCS (2) CGCC (2) INB - CGH - GLF - ARF