| Form 3160  | <b>-</b> 5 |
|------------|------------|
| November   | 1983)      |
| Formerly ! | 9-331)     |

NAME OF OPERATOR

## PACI AND MANAGEMENTS

SUBMIT IN TRIPLICATE. INTERIOR verse side)

Budget Bureau No. 1004-0135 Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-16473 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Form approved.

| WBUREAU OI     | LAND        | MANACEME |         | -3 -4          |       |
|----------------|-------------|----------|---------|----------------|-------|
|                |             |          | T-8 0 4 | <u>ಿ ಇ</u> 😭 🖼 |       |
|                |             | DEDODTO  |         | 17/ET   C      | .0./4 |
| SUNDRY NOTICES | $\Delta NI$ | REPURIS  | אועט    | AA CLLO        |       |
| SUMPRE MOTIVES | /-\;\U      | ,,,,,,   | 1.7     |                |       |

(Do not use this form for proposals to drill or to deepen or plug back to a different reacted use "APPLICATION FOR PERMIT—" for such proposals AY 06 1901

7. UNIT AGREEMENT NAME CON. DIV. 8. FARM OR LEASE NAME

Texaco Inc. for Texaco Oils Inc. 3. ADDRESS OF OPERATOR P. O. Box EE, Cortez, CO. 81321

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

At surface 1450' FNL & 1450' FWL

X

APR 2 9 1987

BUREAU OF LAND MANAGEMENT

9. WELL NO. / 10. FIELD AND POOL, OR WILDCAT

Hanlad Federal

Nipp Pictured Cliffs 11. SHC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 31, T26N, R12W 12. COUNTY OR PARISH 13. STATE San Juan

FARMINGTON RESOURCE AREA 16. ELEVATIONS (Show whether DF, RT, OR, etc.) 14. PERMIT NO.

6145' GR

New Mexico

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

| NOT                 | ICE OF I | TENTION TO:                                     |  | BORREQUERI KEIORI OS.   |   |        |   |
|---------------------|----------|---|--|---|---|--------|---|
| TEST WATER SHUT-OFF |          | PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON® |  | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING           | REPAIRING WELL ALTERING CABING ABANDONMENT® | X      |   |
| SHOOT OR ACIDIZE    |          |   |  | (Other)   |   |        | l |
| nepair wall (Other) |          | CHANGE PLANS                                    |  | (Note: Report results of multip<br>Completion or Recompletion Rep | ole completion on Wellort and Log form.)    | li<br> | _ |
| ( 0 ,               |          |   |  |   |   |        | _ |

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.)

The subject well was completed as plugged & abandoned on April 14, 1987. The following procedure was carried out during the plugging operations.

- Notified Herb Tsosie W/BLM of intent to MIRU on April 12, 1987, 9:30 a.m.
- MIRUSU. Nipple up BOP's TIH w/l4" tubing. Tagged fill at 1235' KB. 2)
- Rig up cementers. Spot 16 sx Class B cement from 1235' to 670'.
- POOH to 660' KB. Attempt to load hole w/mud. Well would not 4) circulate.
- TOOH w/tubing to rig up cementers to 2 7/8" casing. Pump 34 sx Class 5) B cement down casing. Left 19 sx inside casing. Squeezed 15 sx into formation at 700 psi. Shut well in & RDMOSU.
- April 14, 1987-cut off wellhead & erect dry hole marker. Operations complete 4/14/87.

Location will be seeded between July 1, and Sept. 15 with the NOTE: prescribed seed mix.

Approved as to plugging of the well been. Liability under bond is retained sover surface restoration is completed.

| •  | である。<br>では、<br>では、<br>では、<br>では、<br>では、<br>では、<br>では、<br>では、 |             |  |
|--|--|-------------|--|
|  | APPROVED   |             |  |
| 18. I bereby certify that the foresoon's is/true and correct  SIGNED LA L. NEW TITLE AREA SUPERINTENDENT | DATE April 23, 1   | 98 <b>7</b> |  |
| (This space for Federal or State office use)   | MAX-04 1987  |             |  |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:  | Jamokella.   | -           |  |
| BLM (4) NMOGCC - JNH-LAA-AAK-MLK-Co Owners   | FARMINGTON RESOURCE AREA                                     |             |  |
| *See Instructions on Reverse Side  |  |             |  |