REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

(other) NOTICE OF

MULTIPLE COMPLETE

FRACTURE TREAT SHOOT OR ACIDIZE

REPAIR WELL

CHANGE ZONES ABANDON*

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

orm 9–331 Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM 05=0223
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
eservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas 🖂	FREW FEDERAL
well well other	9. WELL NO.
2. NAME OF OPERATOR	9
TEXACO INC.	10. FIELD OR WILDCAT NAME WHO FO
3. ADDRESS OF OPERATOR	NATED F TORED CLIFF
P. O. BOX 2100; DENVER, COLO 80201	11. SEC., T., R M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec 30, T26N, RIZW
AT SURFACE: 1850 FNL 3790 FEL	12. COUNTY C= PARISH 13. STATE
AT TOP PROD. INTERVAL: '	SAN JUAr. New Mexico
AT TOTAL DEPTH:	14. API NO.
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATION'S (SHOW DF, KDB, AND WD)

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA

RECEIVE, D

MAR 1 5 1984: Report results of multiple completion or zone change on Form 9-330.)

6000 6R

BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA

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.)*

CHANGE OF OWNER AND OPERATOR

SUBSEQUENT REPORT OF:

-This reports transfer of well ownership from DOME PETROLEUM to TEXACO OILS INC.; and, also, the designation of TEXACO INC. as

the duly authorized operator of this well, effective February 1.

1984.

Subsurface Safety Valve: Manu. and Type

I hereby certify that the foregoing is true and correct

Field Supt DATE 3-13-64 2220 TITLE _

(This space for Federal or State office use)

*See Instructions on Reverse Side

APPROVED BY CONDITIONS OF APPROVAL, IF ANY TITLE

NMOGC(2) CDF ARM JNH

ACCEPTED FOR RECORD

JUL 22 1985

FAKIVIINGTON RESOURCE MKEA

NMUCC

Smm