Form 3160-5 (June 1990)

**Unit Letter** 

Final Abandonment Notice

representations as to any matter within its jurisdiction.

WEST

12.

## **UNITED STATES DEPARTMENT OF THE INTERIOR** BUREAU OF LAND MANAGEMENT

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

## 5. Lease Designation and Serial No. SUNDRY NOTICES AND REPORTS ON WELLS **CONTRACT #34** Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. 6. If Indian, Alottee or Tribe Name Use "APPLICATION FOR PERMIT --" for such proposals JICARILLA APACHE 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE 8. Well Name and Number ⊠ GAS WELL OIL OIL 1. Type of Well: OTHER JICARILLA C 2. Name of Operator 16 **TEXACO EXPLORATION & PRODUCTION, INC.** 3. Address and Telephone No. 3300 N. Butler Suite 100, Farmington NM 87401 9. API Well No. 325-4397 3003905760 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 10. Field and Pool, Exploaratory Area SOUTH BLANCO PICTURED CLIFFS (GAS) Feet From The NORTH Line and 990 Feet From The 890 11. County or Parish, State \_\_ Township \_25N Line Section 34 RIO ARRIBA, NM Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data TYPE OF ACTION TYPE OF SUBMISSION Change of Plans Abandonment **New Construction** Recompletion Notice of Intent Non-Routine Fracturing Plugging Back Water Shut-Off Casing Repair Subsequent Report

13. 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,)\*.

OTHER:

Atlering Casing

WELL INFORMATION

IN RESPONSE TO BLM LETTER DATED FEBRUARY 15, 1995, RE: JIC CONTR. 34 & 68, 3160 (017).

TEXACO E. & P., INC. IS CURRENTLY PRODUCING THE SUBJECT WELL.

OIL GOW. DIV.

Conversion to Injection

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

Dispose Water

14. I hereby certify that the foregoing is true and correct  SIGNATURE  7 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	TITLE Operations Unit Manager	DATE	2/22/9
TYPE OR PRINT NAME Ted A. Tipton		44	
(This space for Federal or Start office use)  APPROVED BY	Chief, Lands and Mineral Resources  TITLE	DATE MAR 2 8 1995	
CONDITIONS OF APPROVAL, IF ANY:		ictitious or fraudulent stat	