

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Texaco, Inc		6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA
3. ADDRESS OF OPERATOR 3300 N. Butler, Farmington, NM 87401		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 660' FNL and 660' FWL OF SEC. 32		8. FARM OR LEASE NAME JICARILLA B
14. PERMIT NO. 30039057690001		9. WELL NO. #14
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6727' DF		10. FIELD AND POOL, OR WILDCAT OTERO GALLUP
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 32 T25N-R5W
		12. COUNTY OR PARISH RIO ARRIBA
		13. STATE NEW MEXICO

16. 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 checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

SEE ATTACHED WORKOVER PROCEDURE.

RECEIVED
JUL 23 1990
OIL CON. DIV.
DIST. 3

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

SIGNED Alan A. Klier TITLE AREA MANAGER DATE 7-8-90

(This space for Federal or State office use)

APPROVED BY APPROVED TITLE APPROVED

CONDITIONS OF APPROVAL, IF ANY:

BLM-Farm(5), Jicarilla Apache Tribe RSL, AAK, MLK, MAG
C/O 2
See Instructions on Reverse Side

JUL 19 1990
AREA MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

17. RIH w/ 2 3/8" production tubing.

18. RDMOSU.

