

BUREAU OF LAND MANAGEMENT

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. SF 080536
2. NAME OF OPERATOR Texaco Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box EE, Cortez, CO. 81321		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 890' FSL & 890' FEL		8. FARM OR LEASE NAME Hall
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7178' GR		10. FIELD AND POOL, OR WILDCAT Undesignated-Pictured Cliff
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T25N, R3W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

RECEIVED

AUG 12 1985

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETION ☐SHOOT OR ACIDIZE ☐ABANDON* ☐REPAIR WELL ☐CHANGE PLANS ☐

(Other) Test for Compressor Installation

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐(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.)*

Texaco Inc. requests approval to vent gas for a period not to exceed 14 days, to obtain an accurate production potential for possible compressor installation on the Hall lease. All vent volumes will be recorded on appropriate Government forms.

RECEIVED
AUG 13 1985
OIL CO. OF NM
DIST. 2

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

SIGNED

TITLE Area Supt.

DATE

APPROVED

AS AMENDED

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

AUG 14 1985

CONDITIONS OF APPROVAL, IF ANY:

BLM (5) AJH-JNH-ARM

MILLLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC