

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
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	5. LEASE DESIGNATION AND SERIAL NO. SF 079602
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 1735' FEL & 1570' FSL	8. FARM OR LEASE NAME L.L. McConnell
14. PERMIT NO.	9. WELL NO. 6
	10. FIELD AND POOL, OR WILDCAT So. Blanco Pictured Cliffs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T25N, R3W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7294' GR	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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AUG 12 1985

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

(Other) Test for Compressor Installation

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)

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 L.L. McConnell lease. All vent volumes will be recorded on appropriate Government forms.

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AUG 15 1985
OIL & GAS DIV.
DIST. 3

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

SIGNED Ch R Man

TITLE Area Supt.

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

BLM (5) - AJS-JNH-ARM

TITLE _____

APPROVED
DATE 8/8/85

AUG 13 1985
John S. Keller
F. M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC