

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐

2. NAME OF OPERATOR

Texaco Inc.

3. ADDRESS OF OPERATOR

P.O. Box EE Cortez, COLORADO 81321

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 850' <sup>FNL</sup> & 940' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) Surface reclamation of location.

SUBSEQUENT REPORT OF:

RECEIVED

AUG 15 1985

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Please reference your letter dated July 25, 1985 concerning surface reclamation of the above well.

The location has been cleaned, contoured, and seeded as per your specifications outlined in the "Well Compliance Worksheet" and is ready for your inspection. Please contact Mr. ACCERTIS at the Texaco Inc. office in Farmington, New Mexico at phone # 505-326-2657 regarding final inspection.

RECEIVED

NOV 05 1986

NOV 04 1986

FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

BY *Steve Shapiro for*

Subsurface Safety Valve: Manu. and Type

OIL CON. DIV.

Set @ \_\_\_\_\_ Ft.

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

SIGNED *John R. Mont*

TITLE Area Superintendent

DATE 8-14-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

BLM (4) - ~~NMOCC (3)~~ - JNH - AJS - ARM

NMOCC