

**CORRECTED REPORT**  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SW-I-4229

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

Northeast Bisti

8. FARM OR LEASE NAME

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Bisti

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

15, T25N, R11W, NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

Box 810, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

660' from South line and 1980' from ~~West~~ <sup>EAST</sup> line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6401' DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Lease unitized ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

Correcting well number on report of 5-4-66.

Lease and well name previously designated as Navajo Allottees "O"  
Well No. 1.

**RECEIVED**

MAY 19 1966

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

**RECEIVED**

MAY 20 1966

OIL CON. COM.  
DIST. 3

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

SIGNED

*[Signature]*

TITLE District Superintendent

DATE 5/19/66

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE