

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078431

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Texaco Inc.

3. ADDRESS OF OPERATOR

P.O. Box EE, Cortez, CO. 81321

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

790' FSL, 1966 FWL

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MAY 13 1985

14. PERMIT NO.

15. ELEVATIONS (Show where pertinent)
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

7021' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Nickson

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Ballard/Pictured Cliffs

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

Sec. 35, T26N, R8W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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) XX Test for Compressor Installation

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)

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

Approved pursuant to Part III D, of NTL-4A

Notify this office when evaluation period begins + ends

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MAY 17 1985

OIL COUNTY (W.)
DIST. 3

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

SIGNED W. R. May

TITLE Area Supt.

DATE

APPROVED
AS AMENDED

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE MAY 15 1985

BLM (4) NMOGC (3)-RJH-JNH-ARM

*See Instructions on Reverse Side

John H. Millerbach
JOHN H. MILLENBACH
AREA MANAGER

NMOGC