Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECD MDO AUG 12 1985

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
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

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Texaco Inc.

8. FARM OR LEASE NAME: Nickson

3. ADDRESS OF OPERATOR: P.O. Box EE, Cortez, CO. 81321

9. WELL NO.: 3

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1850' FNL & 1850' FWL

10. FIELD AND POOL, OR WILDCAT: Ballard/Pict. Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec.35, T26N,R8W

RECEIVED
AUG 19 1985

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 7033' GR

12. COUNTY OR PARISH: San Juan

13. STATE: NM

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other) Test for Compressor Installation				(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.)*

A production potential was obtained for possible compressor installation on the Nickson lease from June 5th through July 20th by use of a portable compressor. No volume was vented. Please disregard all requests to vent gas on this lease.

AUG 22 1985
OIL CON. DIV.
DIST. 3

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

SIGNED: [signature] TITLE: Area Supt. DATE: 8/7/85

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____ DATE: AUG 20 1985

CONDITIONS OF APPROVAL, IF ANY:

BLM (5) AJS-JNH-ARM

NMOCC

FARMINGTON RESOURCE AREA
BY