

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. Prod. Dept West U.S.
3. ADDRESS OF OPERATOR
P.O. Box EE Cortez, Colo. 81321
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL 660' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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

(other)

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.)*

Commenced W. O. on 12/1/79

Set RBP at 6258'. Dropped 2 sx sand on top. Isolated leak at 3992' -4178'. Squeezed leak with 100 sx cement. Drilled out cement, Tested casing, held OK. Circulated sand off and retrieved RBP. Run tubing and rods. Put on production. Test after 4BO 295 BW.

5. LEASE
14-20-0603-8103
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Navajo Tribe "AR"
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Tocito Dome Penn D
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
L-27-26N-18W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5787

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

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Alvin R. Mott TITLE Field Foreman DATE 1-3-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

USGS- (6) NMOG CC(3) The Navajo Tribe
GLE- ARM- JHP

*See Instructions on Reverse Side

