

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 Water Disposal
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.)
1980ft. from So. line and
AT SURFACE: 2130ft. from W. line
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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input 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) <input type="checkbox"/>	<input type="checkbox"/>

5. LEASE
14-20-0603-8104
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Navajo Tribe "AL"
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S28-T26N-R18W NMPM
12. COUNTY OR PARISH San Juan 13. STATE New Mex.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5732 ft. KB

(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.)*

6-20-79 Acidized perfs: 6334-45 with 2000 gals. DAD acid.

3000 gals. 28% HCL and 2000# rock salt TDA in

three stages. Average pressure 1200# @ 5BPM.

ISIP-Vac., 15 minutes Vac.

Placed well on water disposal.

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

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

SIGNED Alvin R. Many TITLE Field Foreman DATE 7-10-79

(This space for Federal or State office use)

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

USGS(4) NMOGCC(3) The Navajo Tribe (1) GLE, ARM, JHP

