

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42 R1424.  
LEASE DESIGNATION AND SERIAL NO.

14-20-0603-8104

IF INDIAN, ALIOTTEE OR TRIBE NAME

Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe "AL"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Tocito Dome

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

28-T26N-R18W-NMPM

12. COUNTY OR PARISH 13. STATE

San Juan N. Mex.

## 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, Colo. 81321
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1980' FNL and 660' FEL
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

## 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) ☐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 plans to perform the following remedial work to increase production.

1. Pull tubing, rods, and pump.
2. Perforate 6275 - 81' and 6284 - 90' with 2 JTPF.
3. Place 500 gallons, 15% HCL across perforations and bradenhead squeeze.
4. Return well to production.

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

SIGNED

*Alvin P. Many*TITLE Field ForemanDATE 7-6-76

This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

