

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NOO -C-14-20-5431	
2. NAME OF OPERATOR Texaco Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe	
3. ADDRESS OF OPERATOR P. O. Box EE Cortez, Co. 81321		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 810' FWL		8. FARM OR LEASE NAME Navajo Tribe "BS"	
14. PERMIT NO.		9. WELL NO. #4R	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5685' KB		10. FIELD AND POOL, OR WILDCAT Tocito Dome	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T26N, R18W	
		12. COUNTY OR PARISH San Juan	13. STATE NM

RECEIVED

OCT 22 1986

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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. is in the process of obtaining contractors to P & A this well. Plugging operations should be complete by April 1, 1987.

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

SIGNED Alvin R. Marx TITLE Area Supt. DATE 10/20/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 23 1986

CONDITIONS OF APPROVAL, IF ANY:

BLM (6) NMOGCC (3) Navajo Tribe JNH LAA BY ARM smm

\*See Instructions on Reverse Side