Form 9-331
Dec. 1973

# 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.

3. ADDRESS OF OPERATOR
P. O. BOX 2100; DENVER, COLO 80201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1190 FNL, 1190 FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
N.M. C-560223

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
FREW FEDERAL

9. WELL NO.
5

10. FIELD OR WILDCAT NAME WAW FT APPP PICT RED CLIFF

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 19, T26N, R12W

12. COUNTY OR PARISH
SAN JUAN

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6029 GR

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

| | REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
|---|---|---|
| TEST WATER SHUT-OFF | ☐ | ☐ |
| FRACTURE TREAT | ☐ | ☐ |
| SHOOT OR ACIDIZE | ☐ | ☐ |
| REPAIR WELL | ☐ | ☐ |
| PULL OR ALTER CASING | ☐ | ☐ |
| MULTIPLE COMPLETE | ☐ | ☐ |
| CHANGE ZONES | ☐ | ☐ |
| ABANDON* | ☐ | ☐ |

(other) NOTICE OF CHANGE OF OWNER AND OPERATOR

RECEIVED

MAR 15 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

(NOTE: Report results of multiple completion or zone change or 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.)*

-This reports transfer of well ownership from DOME PETROLEUM to TEXACO OILS INC.; and, also, the designation of TEXACO INC. as the duly authorized operator of this well, effective February 1, 1984.

JUL 23 1985

OIL CON. DIV.
DIST. 3

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

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

SIGNED _____ R. Mary _____ TITLE  Field Supt.  DATE 2-13-84

NMOCC