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 [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
Texaco, Inc.

3. ADDRESS OF OPERATOR
P.O. Box EE, Cortez, CO. 81321

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FSL & 330' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dome C.D. Trading Post

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
Bisti Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 9, T 26N, R 14W

12. COUNTY OR PARISH 13. STATE
San Juan New Mexico

14. API NO.

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

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	[X]		[ ]
PULL OR ALTER CASING	[ ]		[ ]
MULTIPLE COMPLETE	[ ]		[ ]
CHANGE ZONES	[ ]		[ ]
ABANDON*	[ ]		[ ]
(other)			

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

RECEIVED
JUL 16 1984
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)

Propose to condition the well to a useful function.
Starting on or about 8/6/84, Texaco will move on the above well and pull rods, pump, tbg and packer from well. Isolate the casing leak. Squeeze casing leak with 100 sx Class "B" cement with additives. Drill cement and pressure test to 1000 psi. If test is good, return well to production, if test is bad, resqueeze until test is good.

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OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type Set @ Ft

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

NAME A. R. Marx TITLE Field Superint. DATE 7/11/84

(This space for Federal or State office use)

APPROVED BY TITLE DATE

5(4) OGCCC (3) Navajo Tribe-JNH-CDF-ARM

*See Instructions on Reverse Side

NMOCC