

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-12020

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Kirby Gallegos

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Gallegos-Gallup

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

Sec 26, T27N, R13W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Texaco Inc

3. ADDRESS OF OPERATOR

P. O. Box EE Cortez

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

990' FSL 990' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether at top of hole)

5994' KB

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) P & A

(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.)*

In compliance of your letter dated July 16, 1986, work on removal of all fences, production equipment, risers, flowlines, trash and buried cables from location has been completed. The production pit has been filled in.

The area is now ready for inspection.

ACCEPTED FOR RECORD

AUG 21 1986

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

BY

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

SIGNED

TITLE

Area Superintendent

DATE

8/19/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

BLM (5)

NMOGCC (3)

JNH LAA

ARM

*See Instructions on Reverse Side

NMOCC