

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 EE, Cortez, CO. 81321

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 790' FSL & 790' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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)

☐
☐
☐
☐
☐
☐
☐
☒

AUG 08 1985

5. LEASE
USNM - F2020

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Kirby Gallegos

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
WAW Pictured Cliff

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 26, T27N, R13W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6078' DF

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

Work completed 7/30/85

MIRUSU. Spot 355 sx cement from 1332' to 1002' KB. WOC 4 hrs.

Tag cement @ 1002' KB. Circulate hole w/9.2 mud spot 35 sx cement from 450' KB. to surface. Pull tbq. cutoff wellhead, install dry hole marker. RDMOSU. Restore location and seed. Ready for inspection.

csg. left in hole.

47' - 8 5/8" 20#

1528' - 4 1/2" 10.79#

RECEIVED

AUG 15 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 Al R. Mearns TITLE Area Supt.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

BLM (6) - AJS-JNH-ARM

*See instructions on Reverse Side

NMOCC

