

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM10434                          |
| 2. NAME OF OPERATOR<br>Texaco Inc.  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                    |
| 3. ADDRESS OF OPERATOR<br>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.*<br>See also space 17 below.)<br>At surface<br>1460' FNL & 950' FWL |  | 8. FARM OR LEASE NAME<br>Dome Fed. 21-27-13                             |
| 14. PERMIT NO.  |  | 9. WELL NO.<br>#1   |
| 15. ELEVATIONS (Show whether OF, BT, OR, etc.)<br>BUREAU OF LAND MANAGEMENT<br>FARMINGTON RESOURCE AREA   |  | 10. FIELD AND POOL, OR WILDCAT<br>WAW Fruitland-Pictured<br>Cliff       |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 21, T27N, R13W |
|   |  | 12. COUNTY OR PARISH<br>San Juan  |
|   |  | 13. STATE<br>NM   |

RECEIVED

OCT 06 1986

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

NOTICE OF INTENTION TO:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input checked="" type="checkbox"/>  |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |   |

SUBSEQUENT REPORT OF:

|  |  |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <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.)

Concerning the above well and BLM letter dated Sept. 26, 1986, we intend to plug the well as soon as working interest approval is received. We expect to receive WIO approval by 11-1-86.

OCT 10 1986  
OIL CON. DIV.  
DIST. 3

The well is to be plugged by 11-1-86

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

SIGNED

TITLE Area Superintendent

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

BLM (5) NMOGCC (3) JNH LAA ARM

\*See Instructions on Reverse Side  
NMOCC

APPROVED

DATE 10/02/86

DATE

FARMING