

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(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 type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Federal 2E	
2. NAME OF OPERATOR Texaco Inc.		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR P. O. Box EE Cortez, Co. 81321		9. WELL NO. #1E	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL 790' FEL		10. FIELD AND POOL, OR WILDCAT	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 2, T27N, R12W	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

16. 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 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"/> Reclamation	

(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.)\*

The surface rehabilitation stipulations stated in the BLM letter of March 19, 1986 for the Federal 2E have been completed. The location has been reseeded and is ready for inspection.

RECEIVED

AUG 22 1986

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

RECEIVED  
AUG 28 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED M.S. Wickett / B.R. May TITLE Area Superintendent

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

BLM (4) NMOGCC (2) JNH LAA ARM

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD

DATE 8/19/86

AUG 27 1986

FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

BY ah

NMOGCC