

Subsequent Report of Abandonment

NOTATIONS

Entered In NID File

Entered On 5 R Sheet

Location Map Pinned

Card Indexed

IWR for State or Fee Land

Checked by Chief PAWB

Copy NID to Field Office 3-14-66

Approval Letter 3-14-66

Disapproval Letter

COMPLETION DATA:

Date Well Completed 5-4-66

OW WW TA

GW OS PA

Location Inspected

Bond released

State of Fee Land

LOGS FILED

Driller's Log 5-31-66

Electric Logs (No. 1)

E L EI GR GRN Misc

Lat Mil Sonic GR 2 Others

Dual Induction - laterolog 2

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

b. TYPE OF WELL
 OIL WELL GAS WELL OTHER
 SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
TEXACO Inc.

3. ADDRESS OF OPERATOR
P.O. Box 810, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
 At surface
1900' from the South line and 1900' from the West
 At proposed prod. zone
Same C N E S W line 4, T41S, R26E, S11

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
Approx. 5 1/2 miles southwest of Ismay Trading Post, Utah **San Juan** **Utah**

15. DISTANCE FROM PROPOSED LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)
1900' to lease line
600' to drilling unit line

16. NO. OF ACRES IN LEASE
2560

17. NO. OF ACRES ASSIGNED TO THIS WELL
80

18. DISTANCE FROM PROPOSED LOCATION TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
1650' SW of

19. PROPOSED DEPTH
5945'

20. ROTARY OR CABLE TOOLS
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
Navajo Tribe "AC" #7
5113' GR

22. APPROX. DATE WORK WILL START*
March 17, 1966

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	24#	200'	Circulate
7-7/8"	5-1/2"	14#	5150'	*
7-7/8"	5-1/2"	15.5#	5945'	*

*sufficient amount to bring cement 600' above all pay zones

Formation Tops As Expected (Approx.)

C-L
#-R

Organ Rock.	3110'
Monaker Trail	4890'
Ismay	5770'
Ismay I	5810'
Ismay II	5850'
Ismay III	5875'
Ismay IV	5900'

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED *J. C. Asau* TITLE District Accountant DATE 3/7/66

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

COMPANY Texaco Inc.

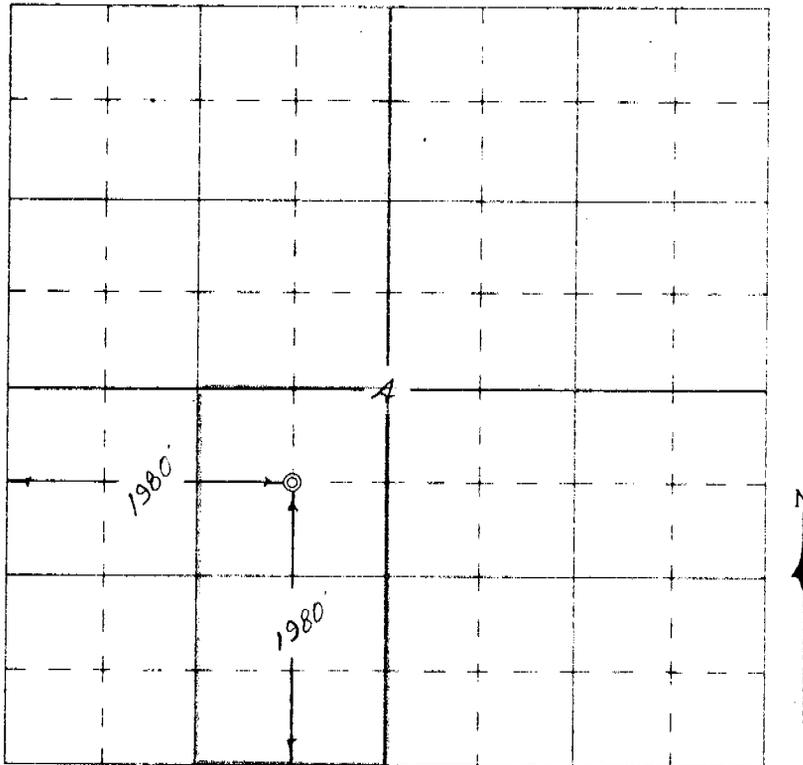
Well Name & No. Navajo Tribe "AC" Well #8 Lease No. 14-20-603-2058

Location 1980 feet from the South line and 1980 feet from the West line

Being in San Juan County, Utah

Sec. 4, T.41S., R.26E., S.L.M.

Ground Elevation 5113



Scale -- 4 inches equals 1 mile

Surveyed March 3, 19 66

This is to certify that the above plat was prepared from field notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

Seal
1833
Farmington, New Mexico

3-4-66
C. L. [Signature]
Registered Professional
Engineer and Land Surveyor

March 14, 1966

Texaco, Inc.
P. O. Box 810
Farmington, New Mexico 87401

Re: Well No. Navajo Tribe "AC"-#8,
Sec. 4, T. 41 S., R. 26 E.,
San Juan County, Utah.

Gentlemen:

Insofar as this office is concerned, approval to drill the above mentioned well is hereby granted in accordance with the Order issued in Cause No. 109-1, on March 11, 1965.

Should you determine that it will be necessary to plug and abandon this well, you are requested to immediately notify the following:

PAUL W. BURCHELL, Chief Petroleum Engineer
HOME: 277-2890 - Salt Lake City, Utah
OFFICE: 328-5771 - 328-5772 - 328-5773

This approval terminates within 90 days if the well has not been spudded-in within said period.

Enclosed please find Form OGCC-8-X, which is to be completed if water sands (aquifers) are encountered while drilling, particularly accessible near surface water sands. Your cooperation with respect to completing this form will be greatly appreciated.

Very truly yours,

OIL & GAS CONSERVATION COMMISSION

CLEON B. FEIGHT
EXECUTIVE DIRECTOR

CBF:ah

cc: P. T. McGrath, District Engineer
Farmington, New Mexico

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN
(Other Instr. reverse side)

Form approved.
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2058

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe "AC"

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

McElmo Mesa-Ismay

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

4, T41S, R26E, SLM

12. COUNTY OR PARISH

San Juan

13. STATE

Utah

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 GAS WELL OTHER

2. NAME OF OPERATOR
TEXACO Inc.

3. ADDRESS OF OPERATOR
Box 810, Farmington, New Mexico 87401

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

1980' from South line and 1980' from West line

14. PERMIT NO. - 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5113' GR

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 checked="" 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.)*

Spudded well 2 AM, 3-18-66.

Drilled 12-1/4" hole to 217' and cemented 205' of 8-5/8" O.D. casing at 217' with 100 sacks of class A cement. Cement circulated. Tested casing with 500 psi for 30 minutes. Casing tested okay.

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

SIGNED

U.P. Harmon

TITLE District Superintendent

DATE 3/24/66

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT TO STATE
(Other instructions on re-
verse side)

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2058
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR Box 810, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' from South line and 1980' from West line		8. FARM OR LEASE NAME Navajo Tribe "AC"
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5113' GR	9. WELL NO. 8
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT McElmo Mesa-Ismay
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4, T41S, R26E, S1M
		12. COUNTY OR PARISH San Juan
		13. STATE Utah

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

Drilled 7-7/8" hole to 5943' and cemented 5931' of 5 1/2" casing in two stages with DV tool set at 1789'. Cemented first stage through float collar with 250 sacks of 50-50 Pozmix with 4% gel added. Cemented second stage through DV tool at 1789' with 550 sacks of 50-50 Pozmix with 6% gel added. Cement circulated to surface. Tested casing before and after drilling out DV tools with 850 psi for 30 minutes. Casing tested okay.

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

SIGNED [Signature] TITLE **District Superintendent** DATE **4/21/66**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

ALLOTTEE
TRIBE Navajo Tribe "AC"
LEASE NO. 14-20-603-2058

LESSEE'S MONTHLY REPORT OF OPERATIONS

State Utah County San Juan Field McElmo Mesa

The following is a correct report of operations and production (including drilling and producing wells) for the month of April, 1966,

Agent's address Box 810 Company TEXACO Inc.
Farmington, N.M. 87401 Signed [Signature]

Phone 325-7553 Agent's title District Supt.

SEC. AND 1/4 OF 1/4	TWP.	RANGE	WELL NO.	Days Producing	BARRELS OF OIL	GRAVITY	CU. FT. OF GAS (In thousands)	GALLONS OF GASOLINE RECOVERED	BARRELS OF WATER (If none, so state)	REMARKS (If drilling, depth; if shut down, cause; date and result of test for gasoline content of gas)
NE SW 4	41S	26E	8	6	392	44				Pumping (Testing)
<p>USGS(2) CA(1) LK(1) CBS(1) OGCC(2) FSH(1) File(1) - 9</p>										

NOTE.—There were no runs or sales of oil; no M. cu. ft. of gas sold;
no runs or sales of gasoline during the month. (Write "no" where applicable.)

NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2058

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe "AC"

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

McElmo Mesa-Ismay

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

4, T41S, R26E, S1M

12. COUNTY OR TERRITORY

San Juan

13. STATE

Utah

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR
TEXACO Inc.

3. ADDRESS OF OPERATOR
Box 810, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **1980' from South line & 1980' from West line**
At top prod. interval reported below
At total depth **Same**

14. PERMIT NO. - DATE ISSUED -

15. DATE SPUNDED **3-18-66** 16. DATE T.D. REACHED **4-7-66** 17. DATE COMPL. (Ready to prod.) **5-4-66** 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* **5125' DF** 19. ELEV. CASINGHEAD **5115'**

20. TOTAL DEPTH, MD & TVD **5943'** 21. PLUG, BACK T.D., MD & TVD **5868'** 22. IF MULTIPLE COMPL., HOW MANY* **→** 23. INTERVALS DRILLED BY **→** ROTARY TOOLS **Total Depth -** CABLE TOOLS **-**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
5810' to 5820', 5850' to 5857' and 5861' to 5865 in Ismay Formation 25. WAS DIRECTIONAL SURVEY MADE **Yes**

26. TYPE ELECTRIC AND OTHER LOGS RUN
Induction Electric & Gamma Ray Sonic-Caliper 27. WAS WELL CORED **No**

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	217'	12-1/4"	100 sacks	None
5-1/2"	14# & 15.5#	5931'	7-7/8"	800 sacks (Casing cemented in two stages—DV tool set at 1789')	None

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None					2-3/8"	5850'	

31. PERFORATION RECORD (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
	DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED
5810' to 5820', 5850' to 5857' and 5861' to 5865' with 2 jet shot per foot	5810' - 5820' Treated all perforations with 500 gallons of 15% HCL acid and 5000 gallons of 15% CR-HCL acid.
	5850' - 5857'
	5861' - 5865'

33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
5-4-66		Pumping 2" pump				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
5-15-66	24	-	→	86	22	5	262
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
-	-	→	69	22	5	42.5	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY **V.K. McDaniel**

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED [Signature] TITLE **District Superintendent** DATE **5/31/66**

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORRD INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Honaker Trail	4844'		All measurements from derrick floor, 12' above ground level
Ismay	5779'		
			TOP
			MEAS. DEPTH
			TRUE VERT. DEPTH

JUN 9 1963

FORM OGCC-8-X
FILE IN QUADRUPLICATE

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION
348 EAST SOUTH TEMPLE
SUITE 301
SALT LAKE CITY, UTAH

REPORT OF WATER ENCOUNTERED DURING DRILLING

Well Name & Number Navajo Tribe "AC" 8-X
Operator TEXACO Inc. Address Box 810 Farmington, N.M. Phone 325-7553
Contractor Mesa Drillers Address Box 108 Lubbock, Texas Phone 744-1017
Location NE 1/4 SW 1/4 Sec. 4 T.41 N R26 E San Juan County, Utah.
S XX

Water Sands:

<u>Depth</u>		<u>Volume</u>	<u>Quality</u>
From	To	Flow Rate or Head	Fresh or Salty
1.	None		
2.			
3.			
4.			
5.			

(Continued on reverse side if necessary)

Formation Tops:

Ismay 5474'

Remarks:

- NOTE:
- (a) Upon diminishing supply of forms, please inform the Commission.
 - (b) Report on this form as provided for in Rule C-20, General Rules and Regulations and Rules of Practice and Procedure, (See back of form).
 - (c) If a water analysis has been made of the above reported zone, please forward a copy along with this form.

STATE OF UTAH
DEPARTMENTAL MEMORANDUM

From
DEPARTMENT

DATE:

DIVISION

FILE:

To
DEPARTMENT

SUBJECT:

DIVISION

June 27, 1966

Texaco, Inc.
P. O. Box 810
Farmington, New Mexico 87401

Re: Well No. Navajo Tribe "AC"-#8,
Sec. 4, T. 41 S., R. 26 E.,
San Juan County, Utah

Gentlemen:

Our office has misplaced the "Well Completion or Recompletion Report and Log" Form OGCC-3 for the above mentioned well.

It would be appreciated if you could send us a duplicate copy of said report for our files.

Thank You,

OIL & GAS CONSERVATION COMMISSION

ANNETTE R. HANSEN
RECORDS CLERK

erh

*When log comes in
Put tops on card.*

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT INSTRUCTIONS*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
14-20-603-2058

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo Tribe "AC"

9. WELL NO.
8

10. FIELD AND POOL, OR WILDCAT
McElmo Mesa-Ismay

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4, T41S, R26E, SLM

12. COUNTY OR PARISH 18. STATE
San Juan Utah

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
TEXACO Inc.

3. ADDRESS OF OPERATOR
Box 810, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980' from South line and 1980' from West line

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5125' DF

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Drill stem test <input checked="" 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.)*

DST #1 - From 5795' to 5820'. Tool open 70 minutes with a good blow throughout test. Gas surfaced in 53 minutes, volume unavailable. Recovered 760' of heavy gas and oil cut mud.

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

SIGNED *W. J. Farmer* TITLE **District Superintendent** DATE **8/19/66**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2058

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe "AC"

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

McElmo Mesa-Ismay

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

4, T41S, R26E, SLM

1.

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

Box 810, Farmington, New Mexico 87401

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

At surface

1980' from South line and 1980' from West line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

5125' DF

12. COUNTY OR PARISH

San Juan

13. STATE

Utah

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Total Depth 5943'. Plugged back depth 5868'.

Perforated 5-1/2" casing from 5883' to 5900' with 2 jet shots per foot. Treated perforations 5883' to 5900' with 500 gallons of 15% NE-HCL acid. Treating pressure 3800 to 3200 psi with an average injection rate of 2 barrels per minute. Instant shut-in pressure 1550 psi. Swabbed 3 barrels of oil and 272 barrels water. Squeezed perforations 5883' to 5900' with 100 sacks of low fluid loss cement. Maximum squeeze pressure 3000 psi. Perforated 5-1/2" casing from 5883' to 5889' with 2 jet shots per foot. Treated perforations 5883' to 5889' with 500 gallons of 15% HCL acid. Treating pressure 5500 to 1500 psi with an average injection rate of 1/2 barrel per minute. Instant shut-in pressure 1000 psi, five minute shut-in pressure 100 psi, 15 minute shut-in pressure 0 psi. Swabbed 30 barrels of oil, 25 barrels of load water and 275 barrels of salt water in 21 hours. Set bridge plug at 5882'. Perforated 5-1/2" casing from 5810' to 5820', 5850' to 5857', 5861' to 5865' and 5872' to 5878' with 2 jet shots per foot. Treated perforations 5850' to 5878' with 300 gallons of 15% HCL acid and 3000 gallons of 15% CR-HCL acid. Treating pressure 3500 to 3000 psi with an average injection rate of three barrels per minute. Acid communicated to upper perforations after injecting 33 barrels. (OVER)

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

SIGNED

[Signature]

TITLE District Superintendent

DATE 8/22/66

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled; and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

Reset packer and pumped balance of acid into perforations 5810' to 5878'. ~~Treated perforations 5810' to 5878'~~. Treated perforations 5810' to 5878' with 200 gallons of 15% HCL acid followed by 2000 gallons of 15% CR-HCL. Treating pressure 3500 to 2000 psi with an average injection rate of three barrels per minute. Instant shut-in pressure 1100 psi, five minute shut-in pressure 400 psi, 15 minute shut-in pressure 100 psi. Commenced swabbing and well flowed 132 barrels of acid water and 71 barrels of oil in seven hours. Ran rods and started pumping well.

After seven days, well pumped 10 barrels of oil and 326 barrels of salt water. Pulled rods and tubing and tested bridge plug. Bridge plug was not holding. Pulled bridge plug and set Baker Model N bridge plug, at 5882. Ran tubing with bridge plug hanging at 5881' and set packer at 5801'. Reran rods and returned well to pumping and testing.

On 24 hour test ending 5-15-66, well pumped 86 barrels of 42.5 gravity oil and five barrels of water. Length of pump stroke 100" with 12 strokes per minute.

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN _____ DATE _____
(Other instructions on re-
verse side)

Form approved,
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2058

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe "AC"

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

McElmo Mesa-Ismay

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

4, T41S, R26E, SLM

1.

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

Box 810, Farmington, New Mexico 87401

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

1980' from South line and 1980' from West line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

5125' DF

12. COUNTY OR PARISH

San Juan

13. STATE

Utah

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Reason for remedial work was to recover fish. Prior to starting workover, it was determined rods and tubing were stuck.

Commenced workover 7-20-66. Pulled 2250' of tubing. Ran fishing tool and pulled an additional 2458' of tubing. Reran fishing tool and was unsuccessful in pulling rest of fish. Ran 3-5/8" and 4-5/8" impression blocks with both indicating a collapse in the 5-1/2" casing at 4732'. Ran milling tool and started milling on 5-1/2" casing. Retrieved 6' strip of casing about 2-1/2" wide indicating mill cut outside casing into stringer of cement and shale. Shut well in pending further study.

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

SIGNED

[Signature]

TITLE

District Superintendent

8-24/66

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE ORIGINAL
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2058

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe "AC"

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

McElmo Mesa-Isaway

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

4-T41S, R26E, S1M

12. COUNTY OR PARISH 13. STATE

San Juan

Utah

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 GAS WELL OTHER

2. NAME OF OPERATOR
TEXACO Inc.

3. ADDRESS OF OPERATOR
Box 810, Farmington, New Mexico 87401

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

1980' from South line and 1980' from West line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5125' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)*

Because of casing failure at 4732' it is impossible to return this well to production. We propose to plug and abandon this well and drill a twin well. Procedure for plugging and abandonment will be as follows:

Spot 50 sack cement plug over collapsed casing at 4732'. Fill well with heavy mud. Remove wellhead and weld 4" pipe marker to casing with at least 4' extending above ground level.

UNITED STATES DEPARTMENT OF THE INTERIOR
OIL AND GAS
REGULATION COMMISSION

SIGNED by: *W. C. Beardsall*

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

SIGNED

W. C. Beardsall

TITLE

District Superintendent

DATE 9/23/66

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN **DATE***
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-2058

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe "AC"

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

McKino Mesa-Ismy

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

4, T41S, R26E, SLM

12. COUNTY OR PARISH

San Juan

13. STATE

Utah

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 GAS WELL OTHER

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P. O. Box 810, Farmington, New Mexico 87401

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

1980' from South line and 1980' from West line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5125' DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Well was plugged and abandoned because of casing failure at 4732' and impossibility of returning well to production. Procedure was as follows:

10.4 weight mud was left in well. Ran tubing to 4,700'. Pulled tubing and removed wellhead. Spotted a 10 sack cement plug in top of casing. A 4 inch pipe marker was cemented in top of hole with 4 feet extending above the ground level.

Completed plugging operations on 10-6-66. Location will be cleaned up upon completion of redrilled well 8-X.

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

SIGNED

[Signature]

TITLE

District Superintendent

DATE

11/29/66

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: