

FILE NOTATIONS

Entered in MID File ✓
Location Map Pinned ✓
Card Indexed ✓

Checked by Chief *[Signature]*
Approval Letter *IN UNIT 12-30-68*
Disapproval Letter

COMPLETION DATA:

Date Well Completed *1-24-69*

Location Inspected

OW..... WW..... TA.....

Bond released

GW..... OS..... PA..... ✓

State or Fee Land

LOGS FILED

Driller's Log.....

Electric Logs (No.)

E..... I..... Dual I Lat..... GR-N..... ✓ Micro.....

BHC Sonic GR..... Lat..... Mi-L..... Sonic.....

CBLog..... CCLog..... Others..... *Induction Electrolog*

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, N.M. 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
 At surface

1980' from North and East Lines

CSU, NE

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

Approx 10 miles North of Aneth Trading Post, Utah

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

3300'

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

1880'

19. PROPOSED DEPTH

5880'

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

5070' DF

Ismael Test

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2"	13-3/8"	48#	100'	Circulate
12 1/2"	8-5/8"	24#	1500'	Circulate
5-7/8"	5-1/2"	14#	5500'	
5-7/8"	5-1/2"	15.5#	5880'	

*Sufficient amount to cover pay zone with 600'

APPROVED BY DIVISION OF OIL & GAS CONSERVATION

FORMATION TOPS AS EXPECTED

Shinarump. 2655'
 Honaker Trail. 4700'
 Ismay. 5620'

DATE 12/30/68
 BY Dean B. Feight

OK - Well surface elevations of waterflood - check structure & surface maps - PWB

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 CB Jarman

TITLE District Superintendent

DATE 12/26/68

(This space for Federal or State office use)

PERMIT NO. _____

APPROVAL DATE _____

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

5. LEASE DESIGNATION AND SERIAL NO.
I-149-IND-9123

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. OPERATOR NAME
TEXACO

8. NAME OF LEASE
Navajo Tribe "K"

9. WELL NAME
Development Well

10. FIELD AND POOL, OR WILDCAT
CSU, NE

11. SECTION, TOWNSHIP, RANGE, AND SURVEY OR AREA
24, 40S, 25E, SLM

12. COUNTY OR PARISH
San Juan

13. STATE
Utah

NO. OF APPLICANTS TO THIS WELL
20

20. ROTARY OR CABLE TOOLS
Rotary

APPROX. DATE WORK WILL START*
January 9, 1969

COMPANY Texaco Inc.

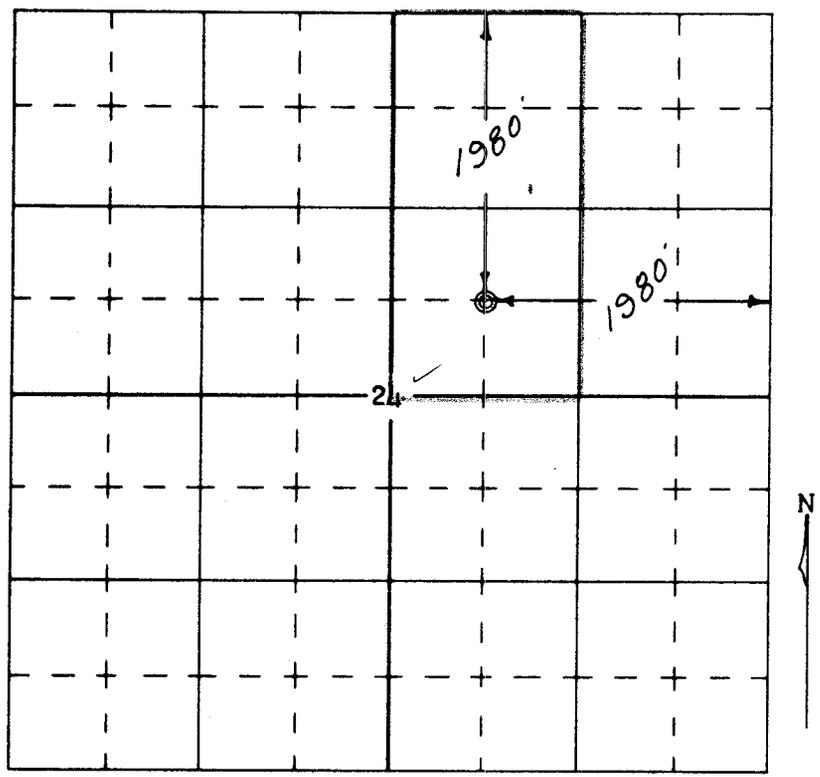
Well Name & No. Navajo Tribe "X" No. 14 Lease No. _____

Location 1980 feet from North line and 1980 feet from East line

Being in San Juan County, Utah

Sec. 24, T.40S., R.25E., S.L.M. ✓

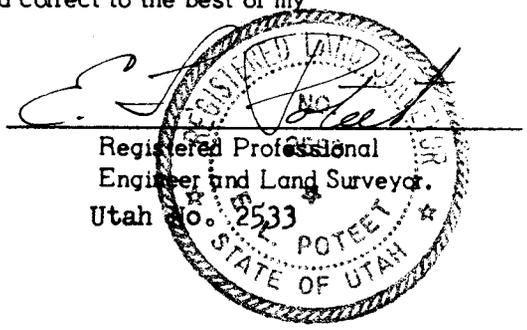
Ground Elevation 5060



Scale -- 4 inches equals 1 mile

Surveyed December 19, 19 68

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.



PLUGGING PROGRAM FORM

Name of Company TEXACO INC Verbal Approval Given To: Mr. Simmons

Well Name: NAVAJO "K" #14 Sec. 24 T. 40 SR. 25 E County: SAN JUAN COUNTY

Verbal Approval Was given to plug the above mentioned well in the following manner:
Plugging program taken by Sharon C. Grover.

Total Depth: 5800'

Formation Tops:

DeChelly	2830'
Honaker Trail	4705'
Ismay	5629'

Plugs as follows:

Plug from 1450' to 1550' across the stump of casing.

Plug from 2800' to 2975'

Plug from 4650' to 4750'

Plug from 5500' to 5790'

APPROVAL WAS GIVEN BY MR. SEELINGER OF THE U.S.G.S.

Date Verbally Approved: 1-23-69 Signed: Sharon C. Grover

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TWO COPIES*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

I-149-IND-9123

6. IS INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe "K"

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Ismay

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

24, 40S, 25E, 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, N.M. 87401

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

1980' from North and East Lines

14. PERMIT NO.

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

5070' DF

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)

(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 1-3-69

Drilled 17 1/2" hole to 113'. Cemented 100' of 13-3/8" OD 48# casing w/120 sacks regular cement with 2% calcium chloride added. Cement circulated.

Drilled 12-1/4" hole to 1507'. Cemented 8-5/8" OD 24" casing at 1507' with 525 sacks of class A cement with 8% gel and 110 sacks neat cement. Cement circulated. Tested casing with 1000 psi for 30 minutes. Pressure did not drop.

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

SIGNED: G. L. EATON

SIGNED _____

TITLE District Supt.

DATE 2/19/69

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS(3) OGCC(2) Navajo Tribe(1) WLW(1) HAH(1) File

NTAH

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TYPE OR BY MACHINE (Other instruct. on reverse side)

Form approved. Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

I-149-IND-9123

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe "K"

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

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

24, 40S, 25E, S1M

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 Dry Hole

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

Box 810, Farmington, N.M. 87401

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

1980' from North and East lines

14. PERMIT NO.

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

5070' DF

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* [X]

REPAIR WELL []

CHANGE PLANS []

(Other) []

SUBSEQUENT REPORT OF:

WATER SHUT-OFF []

REPAIRING WELL []

FRACTURE TREATMENT []

ALTERING CASING []

SHOOTING OR ACIDIZING []

ABANDONMENT* []

(Other) []

(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 5800'.

No commercial production was encountered while drilling this well and a plugging program was set up as follows:

Set cement plugs from 5800' to 5500', 4750 to 4650', 2975' to 2800', 1550' to 1450' and in top of hole.

NOTE: Verbal approval to plug in above manner was received from the USGS and Utah OGCC 1/23/69.

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

SIGNED: G. L. EATON

SIGNED

TITLE

District Supt.

DATE

2/19/69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS(3) OGCC(2) Navajo Tribe(1) WLW(1) HAH(1) File

UTAH

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN T. CATE*
(Other instructa on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

E-14-IND-9123

6. IF INDIAN, ALLOTTEE, OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribe "K"

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Libby

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

24, 40E, 25E, SLM

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 **X** GAS WELL OTHER

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

Box 810, Farmington, N.M. 87401

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

1980' from North and East Lines

14. PERMIT NO.

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

5070' DF

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)

(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 5800'.

Plugged as follows:

Spotted 90 sack cement plug from 5800 to 5500; 30 sack plug 4750 to 4650'; 55 sack plug 2975 to 2800'; 30 sack plug 1550 to 1450' and 2 sack plug in top of hole. Set marker and completed plugging 1/24/69.

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

SIGNED: G. L. EATON

SIGNED _____

TITLE **District Superintendent** DATE **2/19/69**

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS(3) OGCC(2) Navajo Tribe(1) WLW(1) HAH(1) File

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

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, N.M. 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface
1980 from North and East Lines
At top prod. interval reported below

5. LEASE DESIGNATION AND SERIAL NO.
I-149-IND-9183

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo Tribe "K"

9. WELL NO.
14

10. FIELD AND POOL, OR WILDCAT
Isney

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
24, 40S, 25E, 14N

12. COUNTY OR PARISH
San Juan

13. STATE
Utah

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED **1-3-69** 16. DATE T.D. REACHED **1-23-69** 17. DATE COMPL. (Ready to prod.) **Plugged 1-24-69** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **6070 DF** 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD **5800'** 21. PLUG, BACK T.D., MD & TVD **Plugged** 22. IF MULTIPLE COMPL., HOW MANY* **-** 23. INTERVALS DRILLED BY **→** ROTARY TOOLS _____ CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
Dry Hole

25. WAS DIRECTIONAL SURVEY MADE
Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
Gamma Ray Neutron - Induction Electrolog

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
13-3/8"	48#	113'	17 1/2"	4 1/2 sacks reg & 2%	None
8-5/8"	24#	1507'	12 1/2"	4 1/2 sacks Class A & 8% gel & 100 sacks neat cement	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)
Dry Hole - Plugged

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION **No prod.** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in) **Plugged**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY _____

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: **G. L. EATON** TITLE **Dist. Supt.** DATE **2/20/69**