

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form Approved
Budget Bulletin No. 27, 1957

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND NUMBER Jicarilla Cont. 100
2. NAME OF OPERATOR Tenneco Oil Company		6. LEASE INDIAN, ALLOTTEE OR TRUST NAME Jicarilla, Daleo, N.M.
3. ADDRESS OF OPERATOR P. O. Box 1714, Durango, Colorado 81301		7. UNIT ASSIGNMENT NAME Jicarilla "B"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790 FNL, 2510 FEL Unit B		8. FARM OR LEASE NAME Jicarilla "B"
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, WT, CR, etc.) 6664 Gr.	9. WELL NO. 8
		10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
		11. SEC., T., R., M., OR SECT. AND SURVEY OR AREA Sec. 15, T-26-N, R-5-W
		12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico

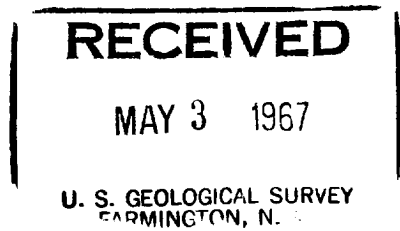
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 checked="" 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) _____	(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 start, of any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and logs pertinent to this work.)*

We plan to rig up workover rig. Kill Dakota sand w/wtr and pull tbg. Run wireline BP. Squeeze cmt MV sand. Drill out. Perf MV, run tbg w/ BP and pkr. Isolate intervals and break dn w/acid. Frac, run tbg. and complete as a dual Basin Dakota and Blanco Mesaverde well. Conduct deliverability tests.



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

SIGNED C. A. Ford TITLE Senior Production Clerk DATE May 1, 1967

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

- 5 USGS
- 1 Cont.
- 1 Atlantic
- 1 File

*See Instructions on Reverse Side