

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 ☐ GAS WELL ☒ OTHER	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Cont. 108
2. NAME OF OPERATOR Tenneco Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla
3. ADDRESS OF OPERATOR P.O. Box 3249, Englewood, CO 80155	7. UNIT ASSIGNMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL, 1650' FWL	8. FARM OR LEASE NAME Jicarilla C
16. PERMIT NO.	9. WELL NO. 4
15. ELEVATIONS (Show whether NF, NY, OR, etc.) 6608' GR	10. FIELD AND POOL, OR WILDCAT Blanco MV/Basin Dakota
	11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA Sec. 24, T26N, R5W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other) Well Shut-In	☐	(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.)

Tenneco requests' to shut-in the referenced well for approximately one year to re-evaluate the well's producing capability.

RECEIVED
OIL CON. DIV.
87 SEP 10 AM 8:45
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

SEP 15 1987
OIL CON. DIV.
DIST. 3

SEP 11 1987

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

SIGNED

David Hiatt

TITLE Sr. Administrative Analyst

DATE 9/8/87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side