

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

5. LEASE DESIGNATION AND SERIAL NO.

Jic 09000108

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla C

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Blanco MV/DK

11. SEC., T., R., N., OR E. AND
SUBDIVISION OF AREA

Sec 24 T26N R5W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

1. OIL ☐ GAS ☐ OTHER ☒

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 3249 Englewood, CO 80155

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1650/W 1650/W

SE/4NW/4

14. PERMIT NO.

15. ELEVATIONS (Show whether SP, ST, OR, etc.)

6608 GL

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)

REILL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

Test casing integrity

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 perti-
nent to this work.)*

Tenneco Oil will test the casing integrity on the above referenced well in
compliance with your letter P-838-251-077 dated Sept. 23, 1988. The actual date and
time of the test will be provided by phone 48 hours prior to the test so that it may
be witnessed.

RECEIVED

OCT 21 1988

OIL CON. DIV.
DIST. 2

NOV 18 1988

THIS APPROVAL EXPIRES

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

SIGNED

A.D. Chit

TITLE Staff Administrative Analyst

DATE 10/11/88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

James P. Edwards Jr.
FARMINGTON, N.M.

*See Instructions on Reverse Side