Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: JICARILLA CONT ~~F~~ 108

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Tenneco Oil Company

8. FARM OR LEASE NAME: JICARILLA C

3. ADDRESS OF OPERATOR: 720 So. Colorado Blvd., Denver, Colorado 80222

9. WELL NO.: 6

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1780 ' FNL and 1450 'FWL, Unit F

10. FIELD AND POOL, OR WILDCAT: BLANCO MESAVERDE / BASIN DAKOTA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: SEC 14, T26N, R5W

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6939 ' GL

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	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) COMMINGLE			☒
(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.)*

5-23-78

RU WIRELINE UNIT. RIH TO SHIFT SLIDING SLEEVE. FOUND SLEEVE @ 7632. JARRED SLEEVE OPEN. RD. BLEW TBG DEAD.

BEFORE WORK: 152 MCFD
AFTER WORK : 402 MCFD

(AS PER NMOCC ORDER #5707)

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

SIGNED Carley Mathews TITLE: Administrative Supervisor DATE 6/9/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE JUN 15 1978

CONDITIONS OF APPROVAL, IF ANY:

U. S. GEOLOGICAL SURVEY
[illegible], COLO.

*See Instructions on Reverse Side