

(May 1983)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

FORM APPROVED.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.  
N00-C-14-20-5252

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"/>                                                     | 7. UNIT AGREEMENT NAME                                                  |
| 2. NAME OF OPERATOR<br>Tenneco Oil Company                                                                                                                           | 8. FARM OR LEASE NAME<br>Canyon                                         |
| 3. ADDRESS OF OPERATOR<br>1860 Lincoln St., Suite 1200, Denver, Colorado 80203                                                                                       | 9. WELL NO.<br>17                                                       |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>800' FNL and 800' FEL | 10. FIELD AND POOL, OR WILDCAT<br>Basin Dakota                          |
| 14. PERMIT NO.                                                                                                                                                       | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6608' GR              |
|                                                                                                                                                                      | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA<br>Sec. 25, T25N, R11W |
|                                                                                                                                                                      | 12. COUNTY OR PARISH<br>San Juan                                        |
|                                                                                                                                                                      | 13. STATE<br>New Mexico                                                 |

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

NOTICE OF INTENTION TO:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |                                               |

SUBSEQUENT REPORT OF:

|                                                |                                          |
|------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <input type="checkbox"/>               |                                          |

(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.) \*

Status of Well: SI gas well - No market

Approximate Date that Temp. Aband. Commenced:

Reason for Temp. Aband.:

Future Plans for Well: Secure market and produce

Approximate Date of Future W.O. or Plugging:

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

SIGNED D. D. Myers  
(This space for Federal or State office use)

TITLE Div. Production Manager

DATE 10-21-75

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

EXPIRES 12-31-76