

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 SERIAL NO.<br>NM 8405                         |
| 2. NAME OF OPERATOR<br>Tenneco Oil Company  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                   |
| 3. ADDRESS OF OPERATOR<br>1860 Lincoln St., Suite 1200, Denver, Colorado 80295  |  | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>790' FSL and 1190' FEL<br>Unit P |  | 8. FARM OR LEASE NAME<br>Canyon  |
| 14. PERMIT NO.  |  | 9. WELL NO.<br>19  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6337' GL  |  | 10. FIELD AND POOL, OR WILDCAT<br>Basin Dakota                         |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 2, 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 checked="" type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input checked="" 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.)\*

12-17 - 12-21-76 MI RUCU pressure tested csg. to 4000 psi. held O.K. Perf'd 2 JSPE from 6072'-6069' and 6018'-6006'. Frac'd formation w/50,000#s of 20/40 mesh sand and 32,041 gallons of water. Status of well = SI for AOF test.



RECEIVED

DEC 27 1976

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N.M.

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

SIGNED A. H. Myers TITLE Div. Production Manager DATE 12-23-76  
(This space for Federal or State office use)

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

\*See Instructions on Reverse Side