

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation
2. Name of Operator J. K. EDWARDS ASSOCIATES INC. 011307	8. Well Name and No. TENN FEDERAL #1
3. Address and Telephone No. c/o Walsh Engr. & Prod. Corp. 7415 E. Main Farmington, New Mexico 87402 505 327-4892	9. API Well No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 800' FSL & 800' FWL Section 8, T26N, R12W	10. Field and Pool, or Exploratory Area Farm. FTC, PC
	11. County or Parish, State San Juan Co., N.M.

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other See Below
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

1/19/95 Pumped 500 gallons of 7-1/2% HCl and displaced with 6.5 bbls of water.

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

Signed Paul C. Thompson

Title Paul C. Thompson, Agent

ACCEPTED FOR RECORD

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date FEB 28 1995

NMOCD

FARMINGTON DISTRICT OFFICE