Form (May		JNITED STATES MENT OF THE INTERIOR	SUBMIT IN TRIPLICATE* (Other instructions on reverse side)	Form a proved. Budget Bureau 5. LEASE DESIGNATION AN		
	GEOLOGICAL SURVEY			035 ⁴ 9		
	SUNDRY NOTI	CES AND REPORTS ON als to drill or to deepen or plug back TION FOR PERMIT—" for such propo	WELLS to a different reservoir. sals.)	G. IF INDIAN, ALLOTTEE O	R TRIBE NAME	
i.	ELL GAS. WELL OTHER	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Florance C 9. WELL NO.				
	AME OF OPERATOR					
7	Tenneco Oil Company					
•	DDRESS OF OPERATOR					
1	1200 Lincoln Tower Bld	10. FIELD AND POOL, OR WILDCAT				
S	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			Basin Dakota		
A				11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA		
950 FSL and 1650 FWL				C 10 T 20N	D OU	
14 P	ERMIT NO.	1 15. ELEVATIONS (Show whether DF, RT,	, GR, etc.)	Sec. 19, T 28N,	K OW 13. STATE	
				San Juan	New Mexico	
16.	Check Ap	Other Data				
	NOTICE OF INTEN	JENT REPORT OF:				
	TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WE	LL	
	FRACTURE TREAT	AULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASI	ING	
	SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT	• -	
	REPAIR WELL (Other)	HANGE PLANS	(Other) Shut-In (Note: Report results Completion or Recomp	of multiple completion on letion Report and Log form	Well	
	ESCRIBE PROPOSED OR COMPLETED OPE proposed work. If well is directio	RATIONS (Clearly state all pertinent denally drilled, give subsurface locations	etails, and give pertinent dates, s and measured and true vertic	including estimated date of all depths for all markers a	of starting any and zones perti-	
	nent to this work.) *				= "	
•	STATUS OF WELL:	Shut In		£		
	DODOUTHING DATE THAT	RARY ABANDONMENT	•			
F	APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED:			RARY ABANGET - 76	· · · · · · · · · · · · · · · · · · ·	
F	REASON FOR TEMP ABAND:	Low deliverability	EKLIK			
_		.	•		•	
. 1	FUTURE PLANS FOR WELL:	Review for stimulati	ion			



18. I hereby certify that the foregoing is true and correct SIGNED	TITLE Division Production Manager	. DATE,_	11-6-7	5
(This space for Federal or State office use)			•	
APPROVED BY	TITLE	DATE _		