Form 9-331 (May 1963)

UNITED STATES

SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 42-R1424.

DEPA	5. LEASE DESIGNATION AS 079508		
SUNDRY N (Do not use this form for I	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME	
1. OIL GAS WELL OTH	7. UNIT AGREEMENT NAM	E	
2. NAME OF OPERATOR	8. FARM OR LEASE NAME	8. FARM OR LEASE NAME	
Tenneco Oil Com	Cole	Cole	
3. ADDRESS OF OPERATOR	9. WELL NO.	9. WELL NO.	
1860 Lincoln, S	1	1	
4. LOCATION OF WELL (Report loca	10. FIELD AND POOL, OR	10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface	Fulcher- Kutz		
1	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
		Sec. 35, T28N,	RIOW
14, PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
	6004 KB	San Juan	New Mexico
16. Chec	Appropriate Box To Indicate Nature of Notice, Report	or Other Data	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	COMPLETE FRAC		REPAIRING WELL ALTERING CASING ABANDONMENT* of multiple completion on Well etion 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.) *
 - MIRUPU and pull 1" tubing. 1.
 - Clean out hole to 2100 w/4 3/4" bit using gas. 2.
 - Run 3½" OD casing to TD and cement. Tail in w/flac cement. Will use sufficient cement to circulate to surface.
 - WOC 12 hrs. Ran G/R-N collor log from 1000' to TD. 4. Acidize & perforate Picture Cliffs w/10-20 holes.
 - Stimulate as necessary to establish commercial production. 6.
 - Flow back fluids & clean up. 7.
 - Run 1" tubing. Return well to sales line and run deliverability test.



U. S. GEOLOGICAL SURVEY

18. I hereby certify that the foregoing is true and correct Production Clerk TITLE SIGNED (This space for Federal or State office use) DATE . APPROVED BY _____CONDITIONS OF APPROVAL, IF ANY: TITLE .