

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 42-B1421

5. LEASE DESIGNATION AND SERIAL NO.

SF-077085

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Omner

9. WELL NO.

6-X

10. FIELD AND POOL, OR WILDCAT

Fulcher Kutz P.C.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 26, T28N, R10W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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 ☐ GAS WELL ☒ OTHER
2. NAME OF OPERATOR
Tenneco Oil Company
3. ADDRESS OF OPERATOR
1860 Lincoln St., Suite 1200, Denver, Colo. 80295
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
990' FNL and 990' FEL, Unit

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

5770' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Running new tubing

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

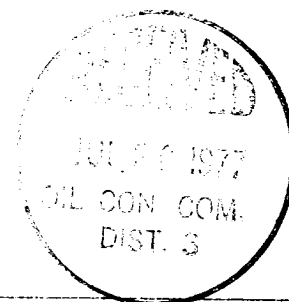
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Replacement of tubing in this well has increased production significantly.

Prior rate = 2 MCFPD

After rate = 58 MCFPD

This form is being filed at the request of the NMOGCC in order that they may increase the allowable.



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

SIGNED

D. D. Myers

TITLE Div. Production Manager

DATE

7-20-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 25 1977

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY