

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-079319	
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 3249, Englewood, CO 80155		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 790' FNL, 1850' FWL		8. FARM OR LEASE NAME Schwerdtfeger A LS	
16. PERMIT NO. 30-045-26683		9. WELL NO. 1A	
15. ELEVATIONS (Show whether by, ft., m., etc.) 5908' GL		10. FIELD AND POOL, OR WILDCAT Blanco MV/Otero Chacha	
BUREAU OF LAND MANAGEMENT EDMONTON RESOURCE AREA		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 36, T28N-R9W	
12. COUNTY OR PARISH San Juan		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<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.)

Amendment to report dated 1-28-86

1/24/86 Rec 10 bbls cmt to surface from 7" casing.

RECEIVED
MAR 07 1986
OIL CON. DIV.
DIST. 3

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

SIGNED Ann Toller TITLE Administrative Operations DATE 2/26/86 RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAR 05 1986

CONDITIONS OF APPROVAL, IF ANY: _____

FAR... AREA

BY fe

*See Instructions on Reverse Side