

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form Approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

SF-078487-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME Pritchard	
3. ADDRESS OF OPERATOR 1860 Lincoln St., Suite 1200, Denver, Colo. 80295		9. WELL NO. #4A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1830' FNL and 1705' FWL, Unit F		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6011' GL	12. COUNTY OR PARISH San Juan
			13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

FULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

5-25-77

Spudded 13 3/4" hole at 11:30 A.M. Drilled to 225'.
Set and cemented 5 jts of 9 5/8" casing at 225' with
225 sacks of cement. Circulated and waited on cement.

JUN 16 1977

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

SIGNED

D. D. Meyer

TITLE Div. Production Manager

DATE

6-9-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side