

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME Florance	
3. ADDRESS OF OPERATOR P. O. Box 3249, Englewood, CO 80155		9. WELL NO. 31-E	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1560' FSL, 800' FEL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
14. PERMIT NO. 30-045-26029		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T29N R8W	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6307' 6R		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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) cement top <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.)*

The cement top of the 1st STG is at DV with 10 BBL cmt circ and the top of the 2nd STG is at surfact with 20 BBLs circ.

RECEIVED
JAN 14 1985
OIL CON. DIV.
DIST. 3

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

SIGNED

Scott M. King

TITLE Sr. Regulatory Analyst

DATE

1/5/85

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

DATE

JAN 10 1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
Sam