

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

SF-080000

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Florance

9. WELL NO.

24A

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

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

Sec. 23, T29N, R9W

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, Colorado 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

885'FSL and 1190'FEL, Unit P

14. PERMIT NO.

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

6031'GL

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) ☐

PULL 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.)*

5/2/77- Spudded 13-3/4" hole at 4:45 P.M. Drilled to 214'. Set and cemented 9-5/8" casing at 214' w/225 sacks of cement.



RECEIVED

MAY 9 1977

U.S. GEOLOGICAL SURVEY

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

SIGNED

A. H. Meyer

TITLE

Division Production Manager

DATE

5-5-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side