

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. NM-0468126 |
| 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 ACREMENT NAME Central Totah |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 890' FSL, 1850' FEL | | 8. FARM OR LEASE NAME |
| 14. PERMIT NO. 30-045-07790 | | 9. WELL NO. 11 |
| 15. ELEVATIONS (Show whether SF, ST, GR, etc.) 5392' GL | | 10. FIELD AND POOL, OR WILDCAT Basin DK |
| | | 11. SEC., T., R., N., OR S.W. 1/4, AND SURVEY OR AREA Sec. 27, T29N, R13W |
| | | 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"/> |
| FRACURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACURE 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 checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <u>Regulatory Request</u> | |

(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.) *

Request postponement of P&A on Gallup zone until Dakota zone is depleted.

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

SIGNED Michael D. Gammon
(This space for Federal or State office use)

TITLE Sr. Administrative Analyst

DATE 12/11/87

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

APPROVED

DEC 23 1987

OIL CON. DM.,
DIST. 3

DEC 27 1987

MANAGER
FARMINGTON RESOURCE AREA