

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 080247

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Florance

9. WELL NO.

71

10. FIELD AND POOL, OR WILDCAT

Blanco P.C

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

Sec. 24. T29N. R9W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL ☐ WELL GAS ☒ WELL OTHER

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

1200 Lincoln Tower Bldg., Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 990 FSL/1650 FEL

Unit 0

14. PERMIT NO.

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

6410 GR

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) Shut-In

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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 perti-
nent to this work.)*

STATUS OF WELL: shut-in

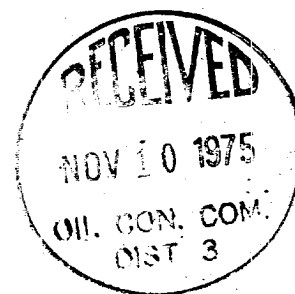
APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED:

REASON FOR TEMP ABAND: Low deliverability

FUTURE PLANS FOR WELL: connect to pipeline when mkt available

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING: 1/1/76

TEMPORARY ABANDONMENT
EXPIRES 12-31-76



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

SIGNED

[Signature]

TITLE

Division Production Manager

DATE

1/1-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: