

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved
Bureau Order No. 42-B142a

5. LEASE DESIGNATION AND SERIAL NO.

SE-080247

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FLORANIP

9. WELL NO.

96

10. FIELD AND POOL OR WILDCAT

BLANCO P.C.

11. SEC. T. R. S. OR U.S. AND
SURVEY OR AREA

SOC 24, 729W, R9W

12. COUNTY OF

SAN JUAN

13. STATE

New Mexico

1. OIL ☐ GAS ☒ OTHER ☐
WELL WELL

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

1550 FNL / 790 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, ST, CR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZING

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Shut-In

REPAIRING WELL

ALTERING CASING

ABANDONMENT

(Note: Report results of multiple completion or 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

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

SIGNED

D. D. Myers

TITLE

Division Production Manager

DATE

December 13, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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