

May 1968

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 42-P1424
5. LEASE DESIGNATION AND SERIAL NO.

NM-012711

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME Lawson
3. ADDRESS OF OPERATOR 720 So. Colorado Blvd., Denver, Colorado 80222	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1050' FSL and 905' FWL, Unit M	10. FIELD AND POOL, OR WILDCAT
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GK, etc.) 5839' GR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T30N, R8W
	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:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

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PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

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REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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(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.)

Rec'd verbal approval from Phil McGrath - 7/28/78

- 1) INST BOP & PULL TBG
- 2) PU PKR & BR PLUG
- 3) LOCATE HOLES (ANTICIPATE HOLES ABOVE CMT TOP @ 1415')
- 4) SET PKR ABOVE HOLES, OPEN BRADENHEAD & ATTEMPT TO CIRC CMT TO SURF
- 5) DRILL OUT, HANG TBG @ + 4980
- 6) RETURN TO PROD & CLN UP LOCATION.

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

SIGNED

Carley Watkins

TITLE: Administrative Supervisor

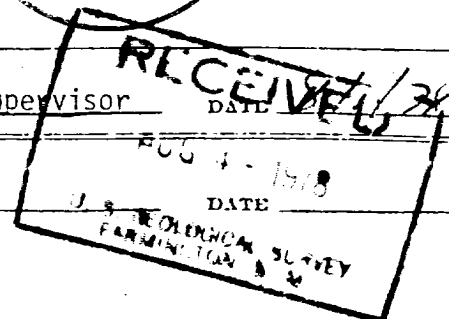
DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

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