Form 9-331 (May 1963)

UNITED STATES SUBMIT IDEPARTMENT OF THE INTERIOR Verse side)

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY

	SF	079	511-A			
6.	IF I	NDIAN.	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.)	
OIL GAS OTHER	7. UNIT AGREEMENT NAME
MAME OF OPERATOR	8. FARM OR LEASE NAME
Tenneco Oil Company	Florance 9. WELL NO.

P. O. Box 1714, Durango, Colorado

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

Blanco Pictured Cliffs
11. SEC., T., B., M., OR BLK. AND
SURVEY OR AREA

10. FIELD AND POOL, OR WILDCAT

915 FSL, 1785 FEL

Unit O

Sec 18, T-30-N, R-8-W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH 13. STATE

San Juan

6315 Gr.

New Mexico

16.

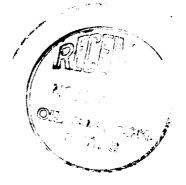
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF x ALTERING CASING MULTIPLE COMPLETE FRACTURE TREATMENT FRACTURE TREAT ABANDON MENT* SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other)

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 sones pertinent to this work.)*

3150 PBTD.

10/18. Ran correlation log. Perf 3082-86, 3114-20 w/2/ft. Frac w/30,000# sd in 33,600 gals wtr, max pressure 3,000# @ 34 BPM. WO Test.



RECEIVED

S GEOLOGICAL SURVEY

18. I hereby certify that the foregoing is true and correct	
SIGNED M. K. Wagner TITLE	DATE 11/8/67
(This space for Federal or State office use)	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE OF STATE

USGS (5) Cont (1)

*See Instructions on Reverse Side