

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME McKenzie A
3. ADDRESS OF OPERATOR P.O. Box 3249, Englewood, Colorado 80155	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 910' FNL, 805' FEL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T30N, R12W
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5806' GL	13. STATE New Mexico

RECEIVED

MAY 29 1986

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

In reference to your letter 3162.5-1(A) (016), the work was completed as requested.

RECEIVED
JUN 06 1986
OIL CON. DIV.
DIST. 3

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

SIGNED

TITLE Administrative Analyst

DATE 5-23-86

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 04 1986

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY 623