Form 9-331

HNITED STATES

SUBMIT IN TRIDLICATES

Form approved.

	DEPARTMENT OF THE INTERIOR (Other instructions on re				Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. SF 078042	
	NDRY NC	6. IF 1-DIAN, ALLOTT	EE OR TRIBE NAME			
OIL GAS WELL	X OTHER	7. UNI AGREEMENT NAME				
2. NAME OF OPERATOR Tenneco Oil		S. FAR OR LEASE NAME Giomi Com "A"				
1860 Lincols 4. LOCATION OF WELL	n St., Su	9. WEL NO. 10. FIE D AND POOL, OR WILDCAT				
See also space 17 b At surface	16	Blanco P.C. 11. SEC., T., R., M., OR ELS. AND EJEVEY OR AREA				
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, CR, etc.) 5918 KB		Unit K, Sec	28, T 30N, R9W	
				San luan	New Mexico	
16.	Check /	Appropriate Box To Indicate	Nature of Notice, Report, or C	Other Data		
NOTE E OF INTENTION TO:			DESEQUE	SUBSEQUENT REFORT OF:		
TEST WATER SHUT	-0FF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING	WELL	
FRACTURE TREAT	: ·	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING	CASING	
SHOOT OR ACIDIZE		ABANDON*	SHOOTING OR ACIDIZING	ABANDONM	ENT*	
	X	CHANGE PLANS	(Other)	· /		
REPAIR WELL	1			(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

- MIRUPU and set ret BP at \pm 2500'. PU $1\frac{1}{2}$ " tbg w/pkr and locate csg leak. 1.
- 2. Sqz hole below pkr with + 100 sxs cmt. W.O.C.
- Drill out cmt & press tst csg. 3.
- If press tst fails, repeat steps 2 & 3. 4.
- Pull BP and run 1½" tbg with pkr. 5.
- 6. Treat as necessary to establish commercial gas production.
- 7. Swab well back and place on production.
- 8. Clean up area.

RECEIVED

HE RESTAL SURVEY

S. I hereby certify that the foregoing is true and correct	TITLE Production Clerk	DATE 10-8-75
(This space for Federal or State office use)		
APPROVED BY	TITLE	3)ATE