## UNITED STATES

		Budget	Bureau	No.	42-R142
5.	LEASE				

4. OH well gas XX other  2. NAME OF OPERATOR Tenneco C11 Company  3. ADDRESS OF OPERATOR 720 S. Colo. Blvd., Denver, C0 80222  4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below) 1650 FSL, 1650 FWL, Unit K AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF Grace Gra	DEPARTMENT OF THE INTERIOR	SF-078042
Do not use this form for proposate to drill or to deepen or plug back to a different exercise to see property and the proposate to drill or to deepen or plug back to a different exercise form 3-31-C for such proposate to drill or to deepen or plug back to a different exercise form 3-31-C for such proposate to drill or to deepen or plug back to a different exercise form 3-31-C for such proposate to drill or to deepen or plug back to a different exercise form 3-31-C for such proposate to drill or to deepen or plug back to a different exercise form 3-31-C for such proposate to drill or to deepen or plug back to a different exercise form 3-31-C for such proposate to drill or to deepen or plug back to a different exercise form 3-31-C for such proposate to drill or to deepen or plug back to a different exercise form 3-31-C for such proposate to drill or to deepen or plug back to a different exercise form 3-31-C for such proposate to deepen or plug back to a different exercise form 3-31-C for such proposate to deepen or plug back to a different exercise form 3-31-C for such proposate to deepen or plug back to a different exercise form 3-31-C for such proposate form 3-31-C for such proposate form 3-31-C for		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. oil   ges   per 9-31-C for such proposals.     1. oil   ges   per   per   per     2. NAME OF OPERATOR   10. FIELD OR WILDCAT NAME     12. NAME OF OPERATOR   10. FIELD OR WILDCAT NAME     13. ADDRESS OF OPERATOR   10. FIELD OR WILDCAT NAME     14. DOADRESS OF OPERATOR   10. FIELD OR WILDCAT NAME     15. COLO. Blvd., Denver, CO 80222     14. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17     15. Delow)		WELLS
2. NAME OF OPERATOR Tenneco Cill Company 3. ADDRESS OF OPERATOR 720 S. Colo. Blvd., Denver, CO 80222 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) 1650 FSL, 1650 FWL, Unit K AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEFTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5018 KB  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 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 bostons and measured and true vertical depths for all markers and zones pertinent to this work.)*  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 bostons and measured and true vertical depths for all markers and zones pertinent to this work.)*  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 bostons and measured and true vertical depths for all markers and zones pertinent to this work.)*  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, and give pertinen	reservoir. Use Form 9-331-C for such proposals.)	
2. NAME OF OPERATOR Tenneco Cil Company  3. ADDRESS OF OPERATOR 720 S. Colo. Blvd., Denver, CO 80222  4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below) 1650 **FSL, 1650 **FWL, Unit K AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OF RECTURE TREAT HOUTOR ACIDIZE REPAIR WELL  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 to be and measured and true vertical depths for all markers and zones pertinent to this work.)*  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 to be a subsurface of the procedure outlined on the attached form.  18. I herepty gentify that the foregoing is you and correct  19. I herepty gentify that the foregoing is you and correct  19. I herepty gentify that the foregoing is you and correct  19. I herepty gentify that the foregoing is you and correct  19. I herepty gentify that the foregoing is you and correct  19. I herepty gentify that the foregoing is you and correct  19. I herepty gentify that the foregoing is you and correct  19. I herepty gentify that the foregoing is you and correct  19. I herepty gentify that the foregoing is you and correct  19. I herepty gentify that the foregoing is you and correct  19. I herepty gentify that the foregoing is you and correct  19. I herepty gentify that the foregoing is you and correct  19. I herepty gentify that the foregoing is you and correct  19. I herepty gentify that the foregoing is you and correct  19. I herepty gentify that the foregoing is you and correct  19. I herepty genti	1. oil	Giomi Com A
Tenneco Cil Company  3. ADDRESS OF OPERATOR 720 S. Colo. Blvd., Denver, CO 80222  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) 1650 FSL, 1650 FML, Unit K AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEFTH: San Juan New Mexico AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEFTH: San Juan New Mexico 14. API NO.  16. CHECK APPROPHATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPHATE BOX TO SUBSEQUENT REPORT OF: REST WATER SHUT-OFF RACTURE TREAT SHOT OR ACIDIZE REPAIR WELL COMPLETE COMPLE	well well to other	· · · · · · · · · · · · · · · · · · ·
Blanco Pictured Cliffs 720 S. Colo. Blvd., Denver, CO 80222 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) 1650°FSL, 1650°FWL, Unit K AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF CHANGE ZONES BRANDON* COMPLETE CHANGE ZONES BRANDON*  (NOTE: Report results of multiple completien or zone change on form 9-330.)  (NOTE: Report results of multiple completien or zone change and true vertical depths for all markers and zones pertinent to this work.)*  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 tozations and measured and true vertical depths for all markers and zones pertinent to this work.)*  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 tozations and measured and true vertical depths for all markers and zones pertinent to this work.)*  18. I hereby gertify that the foregoing is true and correct  Subsurface Safety Valve: Manu. and Type  18. I hereby gertify that the foregoing is true and correct  SIGNED  (This space for Federal or State office use)  APPROVED BY  Children Title Admin. Supervisor Date  APPROVED BY  Children Title Admin. Supervisor Date  APPROVED BY  Convolutions of Approval. If ANY:	2. NAME OF OPERATOR	1
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1650 'FSL., 1650 'FWL. Unit K AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO SUBSEQUENT REPORT OF:  17. ESCUEST FOR APPROVAL TO:  18. SUBSEQUENT REPORT OF:  18. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.  19. SUBSEQUENT REPORT OF:  19. SUBSEQU		
AREA  Sec. 23; T30N, R9W  1500 FSL, 1650 FWL, Unit K  AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEFTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT. OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT. OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT. OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT. OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT OR OTHER DATA  (NOTE: Report results of multiple completies or zone change on Form 9-330.)  17. DESCRIBE PROPOSED OR COMPLETED DEPRATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface tocations and measured and true vertical depths for all markers and zones pertinent to this work.)*  17. DESCRIBE PROPOSED OR COMPLETED DEPRATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface tocations and measured and true vertical depths for all markers and zones pertinent to this work.)*  17. DESCRIBE PROPOSED OR COMPLETED DEPRATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface tocations and measured and true vertical depths for all markers and zones pertinent to this work.)*  17. DESCRIBE PROPOSED OR COMPLETED DEPRATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface tocations and measured and true vertical depths for all markers and		
Sec. 23; T30N; R9W  15.50°FSL, 1650°FWL, Unit K AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  REST WATER SHUT-OFF RACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE DHANGE ZONE ABANDON* (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 zones pertinent to this work.)*  5/5/80  Tennecc plans to plug and permanently abandon the Giomi Com A #1 by following the procedure outlined on the attached form.  Subsurface Safety Valve: Manu. and Type  18. I herrory derify that the foregoing is true and correct  SIGNED  (This space for Federal or State office use)  APPROVED BY  TITLE  APPROVED BY  TITLE  Sec. 23; T30N; R9W  12. COUNTY OR PARTISH 13. STATE San Juan  New Mexico  14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)  5918 'KB  (NOTE: Report results of multiple comp etion or zone change on Form 9-330.)  (NOTE: Report results of multiple comp etion or zone pertinent to this work.)*  5/5/80  Tennecc plans to plug and permanently abandon the Giomi Com A #1 by following the procedure outlined on the attached form.  Fig. 17   17   17   17   17   17   17   17		
AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  17. DESCRIBE FOR APPROVAL TO:  18. ELEVATIONS (SHOW DF, KDB, AND WD)  19. 18. IN THE CASING COMPLETED OF RATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface tocations and measured and true vertical depths for all markers and zones pertinent to this work.)*  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 tocations and measured and true vertical depths for all markers and zones pertinent to this work.)*  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 tocations and measured and true vertical depths for all markers and zones pertinent to this work.)*  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 tocations and measured and true vertical depths for all markers and zones pertinent to this work.)*  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including the pertinent dates.  18. Levy Levy Levy Levy Levy Levy Levy Levy		ee space 17
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  G. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: REST WATER SHUT-OFF REACTURE TREAT SHOTO OR ACIDIZE REPORT OR ACIDIZE REPORT OR ACIDIZE REPORT OR ACIDIZE REACTURE TREAT SHOOT OR ACIDIZE REPORT OF THE REAT RELL REPORT OR ACIDIZE REPORT OF THE REAT RELL REPORT OR ACIDIZE REPORT OF THE READ OF THE REPORT OF: REACTURE TREAT RELL REPORT OF THE READ OF THE REPORT OF: REACTURE TREAT RELL REPORT OF THE READ OF THE REPORT OF: REACTURE TREAT REACTURE		
AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  15. ELEVATIONS (SHOW DF, KDB, AND WD)  16. STEST WATER SHUT-OFF  REQUEST FOR APPROVAL TO:  16. SUBSEQUENT REPORT OF:  17. REST WATER SHUT-OFF  REACTURE TREAT  SHOOT OR ACIDIZE  REPAR WELL  (NOTE: Raport results of multiple completion or zone change on Farm 9-330.)  (NOTE: Raport results of multiple completion or zone change on Farm 9-330.)  (NOTE: Raport results of multiple completion or zone change on Farm 9-330.)  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.)  18. I herefory gently that the faregoing is give and correct  19. I herefory gently that the faregoing is give and correct  19. I herefory gently that the faregoing is give and correct  19. I herefory gently that the faregoing is give and correct  19. I herefory gently that the faregoing is give and correct  10. I herefory gently that the faregoing is give and correct  16. ELEVATIONS (SHOW DF, KDB, AND WD)  17. ELEVATIONS (SHOW DF, KDB, AND WD)  18. I herefory gently that the faregoing is give and correct  18. I herefory gently that the faregoing is give and correct  18. I herefory gently that the faregoing is give and correct  18. I herefory gently that the faregoing is give and correct  19. I herefory gently that the faregoing is give and correct  19. I herefory gently that the faregoing is give and correct  19. I herefory gently that the faregoing is give and correct  19. I herefory gently that the faregoing is give and correct  19. I herefory gently that the faregoing is give and correct  20. I have gently that the faregoing is give and correct  21. A per No.  22. I herefory gently that the faregoing is give and correct  23. A per No.  24. A per No.  25. B per No.  26. B per No.  26. B per N		
15. ELEVATIONS (SHOW DF, KDB, AND WD)  16. ELEVATIONS (SHOW DF, KDB, AND WD)  16. ELEVATIONS (SHOW DF, KDB, AND WD)  16. ELEVATIONS (SHOW DF, KDB, AND WD)  17. ELEVATIONS (SHOW DF, KDB, AND WD)  18. ELEVATIONS (SHOW DF, KDB, AND WD)  17. ELEVATIONS (SHOW DF, KDB, AND WD)  18. ELEVATIONS (SH		
REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  15. ELEVATIONS (SHOW DF, KDB, AND WD)  15. 5918 KB  15. ELEVATIONS (SHOW DF, KDB, AND WD)  15. 5918 KB  15. ELEVATIONS (SHOW DF, KDB, AND WD)  15. 5918 KB  15. ELEVATIONS (SHOW DF, KDB, AND WD)  15. 5918 KB  15. ELEVATIONS (SHOW DF, KDB, AND WD)  15. 5918 KB  15. ELEVATIONS (SHOW DF, KDB, AND WD)  15. 5918 KB  15. ELEVATIONS (SHOW DF, KDB, AND WD)  15. 5918 KB  15. ELEVATIONS (SHOW DF, KDB, AND WD)  15. 5918 KB  16. 5918 KB  17. 5918 KB  17. 5918 KB  17. 5918 KB  18. 16	SE CHECK APPROPRIATE BOY TO INDICATE NATURE (	
SUBSEQUENT FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  15918 KB  16918 KB  1691		
Subsurface Safety Valve: Manu. and Type  Subsurface Safety Valve: Manu. and Type  Subsurface Safety Valve: Manu. and Type  TITLE  Subsurface Safety Valve: Manu. and Type  Approved By  Conditions of Approval, If Any:  TITLE  CNOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (In Sepace In Section 1 200.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple change on Form 9-330.)  (NOTE: Report results of multiple change on Form 9-330.)  (NOTE: Paper on	REPORT, OR OTHER SAME	
Subsurface Safety Valve: Manu. and Type  Subsurface Safety Valve: Manu. and Type  Subsurface Safety Valve: Manu. and Type  TITLE  CHAPROLE TREAT  CHAPTON TO THE ACTION OF APPROVAL IF ANY:  CHAPTON TREAT CHAPTON TO THE ACTION OF THE ACTION OF APPROVAL IF ANY:  CHAPTON TREAT CHAPTON TO THE ACTION OF THE ACTION OF APPROVAL IF ANY:  CHAPTON TREAT CHAPTON TO THE ACTION OF APPROVAL IF ANY:  CHAPTON TREAT CHAPTON TO THE ACTION OF THE ACTION OF APPROVAL IF ANY:  CHAPTON TREAT CHAPTON TO THE ACTION OF APPROVAL IF ANY:  CHAPTON TREAT CHAPTON TO THE ACTION OF THE ACTION OF APPROVAL IF ANY:  CHAPTON TREAT CHAPTON TO THE ACTION OF APPROVAL IF ANY:  CHAPTON TREAT CHAPTON TO THE ACTION OF APPROVAL IF ANY:  CHAPTON TO THE ACTION OF THE ACT	REQUEST FOR APPROVAL TO: SUBSEQUENT REP	ORT OF:
SHOOT OR ACIDIZE    CREPAIR WELL   C	TEST WATER SHUT-OFF	
REPAIR WELL    CNOTE: Report results of multiple completion or zone change on Form 9-330.)    Change of Form 9-330.   Change of Fo	FRACTURE TREAT	
Change on Farm 9-330.)  Change on Farm 9-30.  Change on	SHOOT OR ACIDIZE	
MULTIPLE COMPLETE CHANGE ZONES 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 tocations and measured and true vertical depths for all markers and zones pertinent to this work.)  5/5/30  Tennecc plans to plug and permanently abandon the Giomi Com A #1 by following the procedure outlined on the attached form.  Subsurface Safety Valve: Manu. and Type  Set @ Ft.  18. I hereby gertify that the foregoing is you and correct SIGNED  (This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  TITLE  TITLE  ATTIPUTED  TITLE  ATTIPUTE		(NOTE: Report results of multiple completion or zone
CHANGE ZONES  ABANDON*  (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 tocations and measured and true vertical depths for all markers and zones pertinent to this work.)*  5/5/80  Tennecc plans to plug and permanently abandon the Giomi Com A #1 by following the procedure outlined on the attached form.  Subsurface Safety Valve: Manu. and Type  18. I herrory pertify that the foregoing is true and correct  SIGNED  (This space for Federal or State office use)  APPROVED BY  CONDITIONS OF APPROVAL IF ANY:  TITLE  DIFF  TITLE  TITLE  DIFF  TITLE  TITLE  DIFF  TITLE  TITL		change of rurm 9-330.)
ABANDON* (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 zones pertinent to this work.)*  5/5/80  Tennecc plans to plug and permanently abandon the Giomi Com A #1 by following the procedure outlined on the attached form.  Subsurface Safety Valve: Manu. and Type  Subsurface Safety Valve: Manu. and Type  TITLE Admin. Supervisor DATE  (This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:		
(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 zones pertinent to this work.)  5/5/80  Tennecc plans to plug and permanently abandon the Giomi Com A #1 by following the procedure outlined on the attached form.  Subsurface Safety Valve: Manu. and Type  18. I hereby sertify that the foregoing is true and correct  SIGNED  (This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	ABANDON* XX	
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.)*  5/5/80  Tennecc plans to plug and permanently abandon the Giomi Com A #1 by following the procedure outlined on the attached form.  Subsurface Safety Valve: Manu. and Type  Set @ Ft.  18. I hereby dertify that the foregoing is true and correct  SIGNED Language Title Admin. Supervisor DATE 5/7/80  (This epace for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	(other)	
Subsurface Safety Valve: Manu. and Type  Set @ Ft.  18. I hereby dertify that the foregoing is true and correct  SIGNED APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  TITLE Admin. Supervisor DATE  TITLE DATE  TOTAL DATE  TITLE DATE  TITLE DATE  TITLE DATE  TITLE DATE  TITLE DATE  TOTAL DATE  TOT	measured and true vertical depths for all markers and z $5/5/80$	cones pertinent to this work.)*
18. I hereby dertify that the foregoing is true and correct  SIGNED APPROVED BY		
TITLE Admin. Supervisor DATE 5/7/80  (This space for Federal or State office use)  APPROVED BY	Subsurface Safety Valve: Manu. and Type	Set @ Ft.
(This space for Federal or State office use)  APPROVED BY	Admi	in. Supervisor DATE 5/7/80
APPROVED BY TITLE TITLE TITLE TITLE TITLE TITLE		· · · · · · · · · · · · · · · · · · ·
CONDITIONS OF APPROVAL, IF ANY:  A P P P D D D D D D D D D D D D D D D D		A STATE OF THE STA
*See Instructions on Reverse Side		The Market Marke
*See Instructions on Reverse Side		2 19 <b>7</b> 0
	*See Instruction	ins on Reverse Side Juliu & August

JAMER F. STATS

2 STRICT OH GAS STATES

SOR

/		
110'		

			LE/	NSE	Giomi Com A	
			WELL TO	). <u> </u>	1	
8-5/8 "OD,_	24	LB,_	<b>J-5</b> 5	csc.w/	75	SX
TOC 0surf	ace		<u> </u>			

<u>3-1/2"</u> "0D,	7.7	LB,	J-55	CSG.W/	80	S
TOC @ -			•			

## DETAILED PROCEDURE

- 1. MIRUSU. Kill well if necessary. Remove WH. Install BOP.
- 2. POOH w/rods & tbg.
- RIH w/Model K cement retainer & 1-1/2" tbg.
   Set retainer @2550'.
- 5. Establish rate into perfs w/water.
- 6. Squeeze w/ 75 sx cement.
- Sting out of retainer.
   POOH setting the following plugs using Class B neat cement:

Formation	Depth	Size Plug
Fruitland	2580'-2290'	25 sx
Farmington	1600'-1950'	25 sx
Ojo Alamo	1420'-1480'	25 sx
Surface	120'-surface	25 sx

- 9. Cut off csg 4-1/2' below ground level & install P&A marker.
- 10. Clean, grade & reseed location.

2587' . 00 2599' 2650' 2681'

....4