

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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>  |  | 7. UNIT AGREEMENT NAME   |  |
| 2. NAME OF OPERATOR<br>Tenneco Oil Company  |  | 8. FARM OR LEASE NAME<br>Florance                                      |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 3249, Englewood, CO 80155   |  | 9. WELL NO.<br>114   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>1850' FSL, 860' FWL |  | 10. FIELD AND POOL, OR WILDCAT<br>Blanco PC/Basin DK                   |  |
| 14. PERMIT NO.  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 11, T30N, R9W |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6063' GL  |  | 12. COUNTY OR PARISH<br>San Juan                                       |  |
|   |  | 13. STATE<br>NM  |  |

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BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:   |  |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>  | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) P&A DK & PC & Recomplete to <input type="checkbox"/>  | Fr. coal <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.) \*

9/11/85 RIH w/1-1/4" tbg and tagged fill @ 2803'. CO 45' fill to PBTD @ 2848' w/N2 foam. Pulled up hole and landed tbg @ 2720'. NUBOP. NUWH. Kicked well around w/N2 and left well flowing to pit. RDMOSU.

Need Completion Report, a plat for P&A

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OCT 03 1985

OIL CON. DIV.  
DIST. 3

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

SIGNED Scott McKinn TITLE Senior Regulatory Analyst DATE 9/13/85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ OCT 01 1985

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

BY SM