Form approved. Budget Bureau No. 1004-0135 SUBJECT IN TRIPLICATES UNITED STATES 7orm 3160-5 Expires August 31, 1985 DEPARTMENT OF THE INTERIOR TO November 1983) 5. LEASE DESIGNATION AND SERIAL NO. Formerly 9-331) SF-080917 BUREAU OF LAND MANAGEMENT 6. IF INDIAN, 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.) 7. UMIT AGREEMENT NAME WELL X OTHER S. PARM OR LEASE WAME MAME OF OPERATOR Atlantic B LS Tenneco Oil Company 9. WELL TO. ADDRESS OF OPERATOR 11 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface P.O. Box 3249 Englewood, CO 80155 10. FIELD AND POOL, OR WILDCAT Pictured Cliffs 11. SEC., T., R., M., OR BLE. AND SURVEY OR ARMA 825' FSL, 1750' FWL Sec 4 T30N R10W 12. COUPTY OR PARISE 18. STATE 15. BLEVATIONS (Show whether DF, RT, GR, etc.) 14 PERMIT NO. NM San Juan 6388' GL Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT EMPORT OF: MOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SECT-OFS ALTERING CASING PRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT BHOOTING OR ACIDIZING ABANDONMENT⁴ REPORT OF ACIDIZE Shut-in CHANGE PLANS REPAIR WELL (Note: Report results of multiple completion on 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.) Tenneco requests permission to place the well on a long-term shut-in status. At current prices, the well is not economical to produce.

BIGNED Steve Foster

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

See Instructions on Reverse Bist. 2

CONDITIONS OF APPROVAL IF ANY:

See Instructions on Reverse Bist. 2

FARMAGER.

THIS APPROVAL EXPIRES