

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-016746
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 3249 Englewood, CO 80155		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1450' FNL 1800' FWL		8. FARM OR LEASE NAME Horton
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether SF, ST, GR, etc.) 6192 GR		10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs
		11. SEC., T., R., N., OR BLK. AND SUBVY OR AREA Sec 28 T31N R9W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Well Completion

(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.)*

The above referenced well was completed on 10/18/88. It is currently waiting on pipeline completion.

RECEIVED
NOV 21 1988
OIL COM

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

SIGNED J. S. Chit TITLE Staff Administrative Analyst DATE 11/7/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE MMOCQ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side