Form 9-331 (May 1963)		JNITED STAT		SUBMIT IN TRIPLICATES		Form approved. Budget Bureau No. 42-H1424.	
		MEN'T OF THE EC GICAL SI		verse side)	5.	LEASE DESIGNATION AND SERIAL NO. $NM-7951$	
		CES AND RE		WELLS o a different reservoir.	-	IF INDIAN, ALLOTTEE OR THIRE NAME	
OIL GAS WELL WEI	L OTHER				7.	UNIT AGREEMENT NAME	
2. NAME OF OPERATO Tenneco O					1 .	***	
3. Address of open 1860 Linc		te 1200, Denv	er, Colorad	io 80295	~		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  1980' FSL and 1980' FEL, Unit J						ELL (Report location clearly and in accordance with any State requirements.*  ELL (Report location clearly and in accordance with any State requirements.*  10. FIELD AND POOL, OR WILLDEAT LEODARD POOL, OR WILLDEAT LEODARD QUEEN SOUTH  1980' FSL and 1980' FEL, Unit J  11. BEC. T., R., M., OR BER. AND  12. COUNTY OR PARSH 13. STATE  2992. 2 GL  12. COUNTY OR PARSH 13. STATE  2992. 2 GL  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  WATER SHUT-OFF PULL OR ALTER CASING MATER CHANGE PLANS  CHANGE PLANS  (Other)  (Note: Report results of multiple completion on Well  Completion or Recompletion Report and Log form.)  SED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work.)  - 8/24/77 Drilled 7-7/8" hole to 3597'. Set and cemented 79 its of 5-1/2".	
					5	5.142 3.5 ·	
14. PERMIT NO.				R, etc.)	12	COUNTY OF PARISH 18. STATE	
TEST WATER SHU	NOTICE OF INTENT	TON TO:		Ę	SUBSEQUENT	REPORT OF THE PROPERTY OF THE	
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	E A	ULTIPLE COMPLETE		FRACTURE THEATMENT SHOOTING OR ACIDIZIT  (Other)  (NOTE: Report	results of n	ALTERING CASING ABANDONMENT*	
nent to this wor	8/24/77 Dri 15. cem of	11ed 7-7/8" 5#, K-55, ca	hole to 359 sing at 359 k of Gilson	7'. Set and of the set	cemente with 1 fallow	croits croup it crown cr	
18. I hereby certify the SIGNED	the foregoing is		Divisio	n Production N	Manager	DATE	
(This space for F	ederal or State office	use)		- ron D	FCOGN		
APPROVED BY _ CONDITIONS OF	APPROVAL, IF AN		TITLE	ACCEPTED FOR P	17 <b>AP</b>	DATE TO SEE	

\*See Instructions on Revessed OGICAL SURVEY

Tamaiatini Tana

CE: 13 E77

CIL CONSCINUATION COMM.