

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

Form approved,  
Budget Bureau No. 42-11424  
3. LEASE DESIGNATION AND WELL NO.  
JICARILLA CONT. 108  
6. IF INDIAN, ALLOTTEL 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.)

1.  OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Tenneco Oil Company

3. ADDRESS OF OPERATOR  
720 So. Colorado Blvd., Denver, Colorado 80222

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1780 ' FNL and 1450 ' FWL, Unit F  
1850 790 E

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, CR, etc.)  
~~6939~~ 7202 gl

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
JICARILLA C

9. WELL NO.  
8

10. FIELD AND ZONE OR WILDCAT  
BLANCO MESA VERDE  
BASIN DAKOTA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC 13, T26N, R5W

12. COUNTY OR PARISH  
RIO ARRIBA

13. STATE  
NM

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"/>	FULL 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) <u>COMMINGLE</u>	

(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.)\*

5-23-78

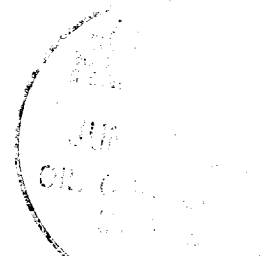
RU WIRELINE UNIT & RIH TO RETRIEVE SEPARATION SLEEVE. FOUND SLEEVE @ 8019'.  
JARRED SLEEVE FREE. FOUND SOME SCALE DEPOSITS. JARRED SLIDING SLEEVE OPEN.  
RD. BLEW TBG DN.

BEFORE WORK: 440 MCFD  
AFTER WORK : 651 MCFD

(AS PER NMOCC ORDER # 5707)

18. I hereby certify that the foregoing is true and correct.  
SIGNED Caroly Matthews TITLE: Administrative Supervisor DATE 6/9/78  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_



RECEIVED  
JUN 15 1978

\*See Instructions on Reverse Side