UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-077111

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.)

RECEIVED

7. UNIT AGREEMENT NAME

1.

OIL WELL ☐ GAS WELL ☒ OTHER

FEB 21 1986

8. FARM OR LEASE NAME

Storey C LS

2. NAME OF OPERATOR

Tenneco Oil Company

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

9. WELL NO.

7A

3. ADDRESS OF OPERATOR

P. O. Box 3249, Englewood, CO 80155

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.°
See also space 17 below.)
At surface

1185' FSL, 2205' FEL

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

Sec. 27, T28N-R9W

14. PERMIT NO.

30-045026566

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6215' GL

12. COUNTY OR PARISH | 13. STATE

San Juan | 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 ☐	PULL OR ALTER CASING ☐		WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE	ABANDON°		SHOOTING OR ACIDIZING	ABANDONMENT° ☐
REPAIR WELL	CHANGE PLANS		(Other) _____	
(Other)			(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.)°

This is to advise that the above referenced well will be a single zone completion only and not a dual well as previously reported.

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

SIGNED _Ann Tolliver_ TITLE _Administrative Operations_ DATE _2-18-86_

ACCEPTED FOR RECORD

(This space for Federal or State office use)

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

DATE _____

NMOCC

FEB 20 1986

°See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY _____