

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0468126

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.)

1. OIL ☐ GAS ☒ OTHER ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

890' FNL, 1820' FWL

7. UNIT ACQUISITION NAME

Central Totah

8. FARM OR LEASE NAME

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Basin DK

11. SEC., T., R., E., OR BLE. AND
SURVEY OR AREA

Sec. 33, T29N, R13W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

14. PERMIT NO.

30-045-07741

15. ELEVATIONS (Show whether SF, ST, GR, etc.)

5832' GL

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 PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Regulatory Request

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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 perti-
nent to this work.)*

Request postponment of P&A on Gallup zone until Dakota zone is depleted.

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

SIGNED

Michael D. Gammon

TITLE Sr. Administrative Analyst

DATE 12/11/87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DEC 21 1987

DATE

Signature

MANAGER

MANAGER

MANAGER

*See Instructions on Reverse Side