

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
SF-079511A

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 Convert to Dual	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Tenneco Oil Company	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR Suite 1200 Lincoln Tower Building, Denver, Colorado 80203	8. FARM OR LEASE NAME Florance
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 915' F/SL and 1785' F/EL	9. WELL NO. 102
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliff
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6315 GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-30-N, R-8-W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

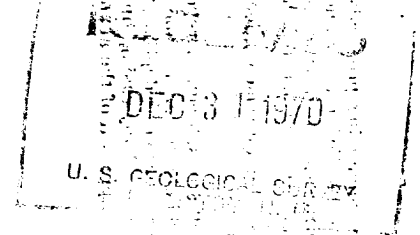
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL 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) <input type="checkbox"/>	

(Other) Convert to Dual ☒ (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.)*

Move in completion unit to Recomplete in Fruitland and dual produce well. Kill well with treated water, set Baker Model FA Packer w/Knockout plug at 2720'. Test Packer to 4000 psi. Perforate Fruitland w/2 SPF, 2696'-2704', acidize w/250 gals of 15% HCL, Frac, SI well for 12 hours, open well to Clean up and Run AOF. Run 1-1/4" 2.5# J-55 10 Rt tubing into Model FA Packer.



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

SIGNED <u>[Signature]</u>	TITLE <u>Sr. Production Clerk</u>	DATE <u>12-23-70</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		