Form 3160-5 November 1983) Formerly 9-331)	UNITE	D STATES OF THE INTER	SUBMIT IN TRIPLICATE* (Other instructions on re-	Budget Eureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SEATTL NO.
	BUREAU OF L	AND MANAGEMEN	٧T	SF-078194
SUNI (Do not use this f	ORY NOTICES A	ND REPORTS	ON WELLS back to a different reservoir. proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1.	OTHER			7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	7		•	8. FARM OR LEASE NAME
Tenneco Oil Company				Ludwick LS
P. O. Box 3249, Location of Well (Re See also space 17 below At surface 1650' FNL, 968'	port location clearly and 7.)	in accordance with an	y State requirements.*	9. WELL NO. 8 10. FIELD AND FOOL, OR WILDCAT Blanco Mesaverde 11. SBC., T., R., M., OR BLK. AND SURVEY OR AREA
2000 /2,			UUT 02 1985	
14. PERMIT NO.	15. ELE	VATIONS (Show whether	DF, RT, GR, etc.) UREAU OF LAND MANAGEMENT	Sec. 31, T30N R10W
	60	01' GL	FARMINGTON PESQUECT AREA	San Juan NM
16.	Check Appropriat	e Box To Indicate	Nature of Notice, Report, or O	other Data
No	TICE OF INTENTION TO:	SUBSEQU	ENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR A	LTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE	COMPLETE	PRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL (Other)	CHANGE PL	ANS -	(Other) <u>Tubing repa</u> (Norz: Report results	of multiple completion on Well etion Beport and Log form.)
17 DESCRIBE PROPOSED OR (COMPLETED OPERATIONS () well is directionally drill	Clearly state all pertine ed, give subsurface loc	out details and give partinent deten	including estimated date of starting any depths for all markers and sones perti-
			ed down oranged peeled t off btm. Landed 4974	
				· · · · · · · · · · · · · · · · · · ·
				OCT 0 7 1935
		•		• • • • • • • • • • • • • • • • • • • •
			O	IL CON. DIV.
18. I bereby certify that the	e foregoing is true and			
SIGNED XM	11 Mins	TITLE Se	nior Regulatory Analys	TACCEPTE IN THE KECORD
(This space for Federa	or State office use)			OCT 0 3 1985
APPROVED BY CONDITIONS OF APP	BOVAL IF ANY:	TITLE		DATE
			E	FAKIMINGTON RESOURCE AKEA

Form approved.

*See Instructions on Reverse Side