

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

1. Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME Gartner LS
3. ADDRESS OF OPERATOR P.O. Box 3249, Englewood, Colorado 80155	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL, 1845' FWL	10. FIELD AND POOL, OR WILDCAT Blanco MY
14. PERMIT NO. 30-045-09094	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T30N, R8W
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 6197' G, 6207' DF	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

RECEIVED

APR 06 1987

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐
☐

REPAIRING WELL

ALTERING CASING

FRACTURE TREATMENT

ABANDONMENT*

SHOOTING OR ACIDIZING

(Other) Cancellation of prior requests

(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.)*

Tenneco Oil Company has tested the bradenhead valve on this well for waterflow and or pressure. A BLM employee and Operator's Inc. technician were present for the testing. There are no indications that a casing leak exists. Please cancel the request that was submitted on 05/15/85 for casing repair work.

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

SIGNED

Mike McPhee

TITLE Administrative Analyst

DATE 03/31/87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APR 06 1987

FARMINGTON RESOURCE AREA

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*See Instructions on Reverse Side