JAMES STATES 5. LEASE DEPARTMENT OF THE INTERIOR NM-10183-A GEGLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME HORY NOTICES AND REPORTS ON VIELLS Do not easitric form for proposals to criti or to descen or sieg back to allo flerent reservoir, Use Form 9-381-0 for such proposals." 8. FARM OR LEASE NAME Federa¹ 1. pi: gas X item well .other 9. WELL NO. 2. NAME OF GERATOR 1 Tenneco Oil Company 10. FIELD OR WILDOAT NAME Basin Daketa & Planco MesaYerde 3 ADDRESS OF OPERATOR 720 S. Colorado Blvd., Denver, CO 80222 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 Sec. 1, T31N; R13W below.) 820'FEL & 1525'FSL AT SURFACE: 12. COUNTY OR PARISH 13. STATE. -AT TOP PROD. INTERVAL: San Juan New Mexico AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5785 GL REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF \sqsubseteq FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* change of Operator 17. DESCRIBE PROPOSED OR COMPLETED CHERATIONS (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.)* The above mentioned well was purchased by Tenneco Oil Company effective date September 25, 1979, from Palmer Dil and Gas Company, P.O. Box 2564, Billings, Montana __59103 U. S. CEOLOCIOAL SURVEY FARMINGTON, N. M.

Subsurface Safety Valve: Manu. and Type ____

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

Admin. Supervisor SIGNED _

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL. IF ANY

APPROVED
NOV 28 1979

JAMES F. SIMS DISTRICT OIL & GAS SUPERVISOR

*See Instructions on Reverse Side