

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
Tenneco Oil Company

3. ADDRESS OF OPERATOR  
P.O. Box 3249, Englewood, Colorado 80155

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
990' FNL, 1650' FEL

14. PERMIT NO.  
30-045-60069

15. ELEVATIONS (Show whether DV, HT, GR, etc.)  
6268' GL  
BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.  
SF-078147

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Moore LS

9. WELL NO.  
4

10. FIELD AND POOL, OR WILDCAT  
Blanco Mesaverde

11. SEC., T., R., M., OR BLE. AND  
SUBVY OR AREA  
Sec. 23, T32N, R12W

12. COUNTY OR PARISH  
San Juan

13. STATE  
New Mexico

RECEIVED

MAY 27 1986

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANE	<input checked="" type="checkbox"/>		

(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 previously requested permission to plug and abandon the referenced well on May 2, 1986. We would like to amend that request to keep the well in a temporary abandonment status until such time that economics are favorable for sidetracking the well.

The well is a gas/water production well.  
It is located in the 500' oil field.  
It is a 1 1/2" hole with a 1 1/2" casing.  
It is a 1 1/2" hole with a 1 1/2" casing.

This Approval Or Temporary  
Abandonment Expires 6-4-87

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

SIGNED Dee Linto

TITLE Administrative Analyst

DATE May 21, 1986

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
AS AMENDED

JUN 04 1986

AREA MANAGER

\*See Instructions on Reverse Side

NMOCC

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DEPARTMENT OF THE INTERIOR  
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1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. SF-078147		
2. NAME OF OPERATOR Tenneco Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
3. ADDRESS OF OPERATOR P.O. Box 3249, Englewood, Colorado 80155	7. UNIT AGREEMENT NAME		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL, 1650' FEL	8. FARM OR LEASE NAME Moore LS		
RECEIVED MAY 27 1986	9. WELL NO. 4		
	10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde		
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T32N, R12W		
14. PERMIT NO. 30-045-60069	15. ELEVATIONS (Show whether DF, ST, OR, etc.) 6268' GL	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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input checked="" type="checkbox"/>
(Other)			

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

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

SIGNED [Signature]

TITLE Administrative Analyst

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE May 21, 1986

APPROVED  
AS AMENDED

DATE JUN 04 1986

AREA MANAGER

\*See Instructions on Reverse Side

NMOCC