

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

See Instructions on Reverse Side
(Other Instructions on Reverse Side)

Budget Bureau No. 42-R-1424
3. LEASE DESIGNATION AND SERIAL NO.
JICARILLA CONT 110
C. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 720 So. Colorado Blvd., Denver, Colorado 80222 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1820' FSL and 1130' FWL, Unit L 14. PERMIT NO.	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME JICARILLA A 9. WELL NO. 1 10. FIELD AND TOOL, OR WILDCAT BLANCO MESAVERDE BASIN DAKOTA 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 18, T26N, R5W 12. COUNTY OR PARISH RIO ARriba 13. STATE NM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6599' GL	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) COMMINGLE

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(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.)*

5-24-78

RU WIRELINE UNIT. RIH W/ SHIFTING TOOL. FOUND SLEEVE @ 7170'. JARRED OPEN.
RD WIRELINE UNIT. BLEW TBG DEAD.

BEFORE WORK: 250 MCFD
AFTER WORK : 192 MCFD (BLEWHLELL)

(AS PER NMOCC ORDER #5707)

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

SIGNED

Carley Statten

TITLE: Administrative Supervisor

DATE

6/9/78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

JUN 15 1978

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
BOSTON, MASS.

