Form	
(May	1963)

## UNITED STATES

Form approved. Budget Burenu No. 42-R1424.

NTERIOR	verse side)	011 1	5. LEASE DESIGNATION AN
/FV			077952

	MENT OF THE INTERIOR verse bide)  GEOLOGICAL SURVEY	5. LEASE DESIGNATION AND SERIAL NO. 077952		
(Do not use this form for propo	ICES AND REPORTS ON WELLS sals to drill or to deepen or plug back to a different reservoir. ATION FOR PERMIT—" for such proposals.)	G. IN INDIAN, ALLOTTEE OR TRIBE NAME		
OIL X GAS. TO OTHER		7. UNIT AGREEMENT NAME		
. NAME OF OPERATOR	8. FARM OR LEASE NAME			
Tenneco Oil Company		Gordon		
ADDRESS OF OPERATOR		9. WELL NO.		
1200 Lincoln Tower Bl	dg., Denver, Colorado 80203	1		
LOCATION OF WELL (Report location	learly and in accordance with any State requirements.	10. FIELD AND POOL, OR WILDCAT		
See also space 17 below.) At surface	90 FNL/990 FEL	Fulcher Kutz		
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA		
	·	Sec 24, T201, R10W		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH   13. STATE		
·	6540G1	San Juan 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		PULL OR ALTER CASING			WATER SHUT-OFF	[	REPAIRING WELL	
FRAC	TURE TREAT		MULTIPLE COMPLETE			FRACTURE TREATMENT		ALTERING CASING	_
61100	OT OR ACIDIZE	1 1	ABANDON*	l 1		SHOOTING OR ACIDIZING		ABANDONMENT*	1

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.) \*

STATUS OF WELL:

REPAIR WELL

(Other)

shut in

CHANGE PLANS

APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED:

REASON FOR TEMP ABAND:

low deliverability

FUTURE PLANS FOR WELL:

review for

remedial action

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING:

6/75

ABANDONMEN

(Note: Report results of multiple completion on Completion or Recompletion Report and Log form.)

18. I hereby certify that the foregoing is true and correct Division Production Manager SIGNED (This space for Pederal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: