

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

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

Form approved.  
Budget Bureau No. 42-R1424.

**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.)

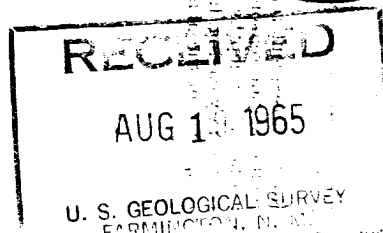
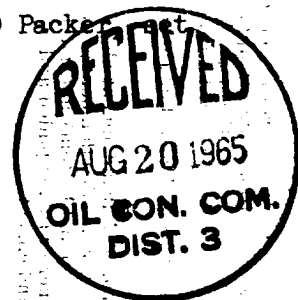
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> <b>Dual</b></p> <p>2. NAME OF OPERATOR <b>Tenneco Oil Company</b></p> <p>3. ADDRESS OF OPERATOR <b>P. O. Box 1714, Durango, Colorado</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b>  <b>790' FNL 1750' FEL</b></p>	<p>5. LEASE DESIGNATION AND SERIAL NO <b>SF 078306 - A</b></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <b>Tom Bolack Gas Unit "A"</b></p> <p>9. WELL NO. <b># 1</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>Kutz Gallup &amp; Basin Dakota</b></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 2, T27N, R11W</b></p> <p>12. COUNTY OR PARISH <b>San Juan</b></p> <p>13. STATE <b>N.M.</b></p>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>5961 DF</b>

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

Rig up 7-26-65. Pull tubing. Kill well. Ran new Model D Packoff at 6240. Re-run tubing. Hydrotest tubing. Job complete 7-30-65.



18. I hereby certify that the foregoing is true and correct  
Original Signed By HAROLD C. NICHOLS TITLE Senior Production Clerk DATE 8-18-65  
H. C. Nichols  
(This space for Federal or State office use)

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