

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

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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.)

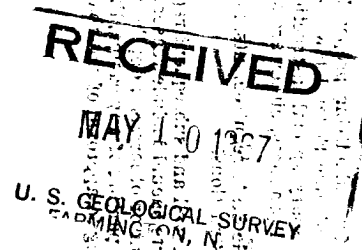
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME Florance No. 67	
3. ADDRESS OF OPERATOR P. O. Box 1714, Durango, Colorado 81301		9. WELL NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1135 FSL, 1850 FEL Unit 0		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-27-N, R-8-W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6878 Gr.		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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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"/>	
(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.)*

5/3/67. MI and RU. Set CIBP at 6570. Perf 4-1/2" csg at 6520-30, 6537-40 w/2 HPF. Treat w/500 gals 15% HCl & balls. Fraccd w/35,000# sd & 54,000 gals wtr. Avg. rate @2 BPM \$ 4,000 psi. CO. Landed 211 jts 2-3/8" 4.7# tbg at 6697. Rel Rig 5/4/67. WO Test.



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

SIGNED G. A. Ford TITLE Senior Production Clerk DATE May 8, 1967

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

- 5 USGS
- 1 Cont.
- 1 File

*See Instructions on Reverse Side