

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
SF- 079232

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Bolack "B"

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 33, T27N, R8W

12. COUNTY OR PARISH 13. STATE
San Juan New Mexico

1. OIL ☐ GAS ☒ OTHER ☐
WELL WELL
2. NAME OF OPERATOR
Tenneco oil Company
3. ADDRESS OF OPERATOR
1860 Lincoln St., Suite 1200, Denver, Colorado 80203
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2250' FNL and 1020' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6728' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☒
(Other) Shut in

(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.) *

Status of Well: Shut In

Approximate Date that Temp. Aband. Commenced: 4/75

Reason for Temp. Aband.: Watered out

Future Plans for Well: Review for remedial work

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

SIGNED D. D. Myers TITLE Div. Production Manager DATE 10/7/75

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

TELEPHONE RECORDS
12-31-76