

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions on reverse side)FORM APPROVED
Budget Bureau No. 42-11424
5. LEASE DESIGNATION AND SERIAL NO.

NM 03549

6. 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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME BOLACK
3. ADDRESS OF OPERATOR 720 So. Colorado Blvd., Denver, Colorado 80222	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1450' FSL and 2510' FWL, Unit K	10. FIELD AND POOL, OR WILDCAT Basin DAKOTA
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 29, T28N, R8W
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 5954' GL	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	☐	WATER SHUT-OFF	☒
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other)	☐		
PULL OR ALTER CASING	☐	REPAIRING WELL	☐
MULTIPLE COMPLETE	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☐
CHANGE PLANS	☐		

(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 and 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.)*

4/3/78 DRL'D 8 3/4" FROM 310-2600' RAN 61 JTS. 7", 23# CSG. SET @ 2599'. CMT'D W/
300 SX 65/35 POZ, FOLLOW BY 150 SX CL B. PD 7:15 AM 4-4-78. PRESS TEST
TO 1500 PSI.

APR 27 1978

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

SIGNED

A. D. Myers

TITLE: Div. Production Manager

DATE

4/21/78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side