

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-03459 03549

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Florance C LS

9. WELL NO.

10M

10. FIELD AND POOL, OR WILDCAT

Blanco MV/Basin DK

11. SEC., T., R., N., OR S.E. AND
SURVEY OR AREA

Sec. 30, T28N-R8W

12. COUNTY OR PARISH 13. STATE

NM

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.)

RECEIVED

FEB 21 1986

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 3249, Englewood, CO 80155

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

790' FSL, 1900' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether SF, ST, GR, etc.)

6368' GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Progress Report

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Amendment to previous report submitted 12/3/85

11/14/85 Circulated 44 bbls cement to surface on intermediate casing (7").

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

SIGNED

Ann Toliver

TITLE Administrative Operations

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD
DATE 2-14-86

FEB 26 1986

DATE

FARMINGTON RESOURCE AREA

BY

[Signature]

*See Instructions on Reverse Side