

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Expires August 31, 1985

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		5. LEASE DESIGNATION AND SERIAL NO. SF-078502	
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 3249 Englewood, CO 80155		7. UNIT AGREEMENT NAME	
8. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  1800' FSL 1535' FWL		8. FARM OR LEASE NAME Vandewart A LS	
9. PERMIT NO. 30-045-26836		9. WELL NO. 2R	
10. ELEVATIONS (Show whether DF, ST, GR, etc.) 6301' GL		10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 11 T29N R8W		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
12. COUNTY OR PARISH San Juan		13. STATE NM	

6. 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 COMPLETION <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 PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	Turn-on <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

7. 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.) \*

Referenced well was put into production at 10:15 a.m. on July 11, 1988.

RECEIVED  
AUG 01 1988  
OIL CON. DIST.

ACCEPTED FOR RECORD

JUL 28 1988

FARMINGTON RESOURCE AREA  
BY me

RECEIVED  
BLM VAL 300M  
88 JUL 22 PM 12:58  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

18. I hereby certify that the foregoing is true and correct  
SIGNED James L. Christopher TITLE Sr. Administrative Analyst DATE 7/18/88  
(This space for Federal or State office use)

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

Microfilm  
\*See Instructions on Reverse Side