

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPlicate
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 1004-0135
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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. SF-078385</p>	
<p>2. NAME OF OPERATOR Tenneco Oil Company</p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>	
<p>3. ADDRESS OF OPERATOR P.O. Box 3249 Englewood, CO 80155</p>		<p>7. UNIT AGREEMENT NAME</p>	
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL 1650' FEL</p>		<p>8. FARM OR LEASE NAME Florance</p>	
<p>14. PERMIT NO.</p>		<p>9. WELL NO. 39</p>	
<p>15. ELEVATIONS (Show whether DF, WT, OR, etc.) 5961 GL</p>		<p>10. FIELD AND POOL, OR WILDCAT Basin DK/Blanco MV</p>	
<p>16. PERMIT NO.</p>		<p>11. SEC., T., R., M., OR BLM, AND SURVEY OR AREA Sec 35 T30N R8W</p>	
<p>17. COUNTY OR PARISH</p>		<p>12. COUNTY OR PARISH 13. STATE San Juan NM</p>	

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"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE 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"/>	Plug Dakota <input checked="" 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.)*

4/25/88--RU mast truck. Lubricate in hole w/W-choke for 2-3/8" tbg. Set choke @ 5035'.
Shut off Dakota zone. RD mast truck. Continue to produce from Mesaverde.

RECEIVED
BLM MAIL ROOM
88 MAY -4 AM 10:17
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
MAY 09 1988
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature] TITLE Sr. Administrative Analyst DATE 4/27/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE **ACCEPTED FOR RECORD**

CONDITIONS OF APPROVAL, IF ANY:

MAY 06 1988

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC