Form 9-331 (May 1963)

16.

UNITED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

San Juan

New Mexico

DEPARTMENT OF T	SF-079511-A	
SUNDRY NOTICES AND (Do not use this form for proposals to drill or to Use "APPLICATION FOR PER	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
I. OIL GAS WELL OTHER Change Well	l Name and Number Only	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Tenneco Oil Company		Florance
3. ADDRESS OF OPERATOR		9. WELL NO.
P. O. Box 1714, Durango, Colorad	io	11
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 		10. FIELD AND POOL, OR WILDCAT Blanco-Mesaverde
1475' F/NL, 1090' F/EL, Section	30, T30N, R8W	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		Sec. 30, T30N, R8W
14. PERMIT NO. 15. ELEVATIONS	(Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE

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

5808 DF

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF		PULL OR ALTER CASING MULTIPLE COMPLETE		WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL		CHANGE PLANS		(Other)	
(Other) Change Well Name & Number Only X (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.)*

Well name and number changed at the request of New Mexico Oil Conservation Commission per their letter dated 2/2/65.

Original Name of Well - Howell #3



APR 5 1965

U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.

18. I hereby certify that the foregoing is true and correct SIGNED J. H. Watkins	TITLE District Office Supervisor	DATE 3/29/65
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE