

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 080003

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Florance

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 22, T30N, R9W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1.

OIL ☐ GAS ☒ OTHER

WELL

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1714, Durango, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

990' FSL 990' FWL, Section 22, T30N, R9W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

5842 DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

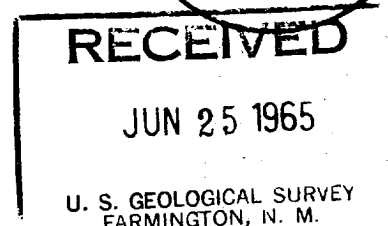
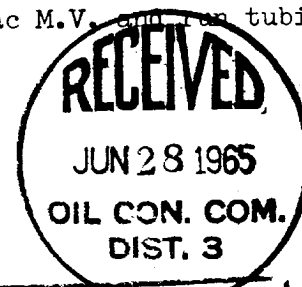
ABANDONMENT*

(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 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.)*

Rig up completion rig, set drillable 7" cement retainer above casing shoe and squeeze open hole w/450 sx. cement. WOC. Drill w/30° knuckle joint to approximately 5050 TD. Run 4-1/2" 9.5# casing and cement w/2 stages. 1st stage w/150 sx. cement. 2nd stage sufficient to circulate cement to surface. WOC. Perf and frac M.V. and run tubing and test.

Start approximately 6-25-65.



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

Original Signed By: J. H. Watkins TITLE District Office Supervisor DATE 6-23-65

SIGNED

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____