

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME Florance
3. ADDRESS OF OPERATOR P. O. Box 3249, Englewood, CO 80155	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL, 990' FEL	10. FIELD AND POOL, OR WILDCAT Blanco MV/Basin DK
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T30N R9W
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 6162' DF	12. COUNTY OR PARISH San Juan
	13. STATE NM

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Commingle	

(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.)

12/18/85 RU Gearhart & mast truck. RIH/1-11/16/GR/CCL. CCL would not work. POOH w/tools. RIH w/new GR/CCL. Stacked out @ 4570'. Could not work past 4570' POOH w/tools. RIH w/1-9/16" perforating gun. Did not see any obstruction @ 4570'. Perf'd tbq w/1 JSPF @ following intervals: 5140, 5142, 5144, 5146, 5148. POOH w/gun. All shots fired. Shut in well pending approval of commingled Dakota, Mesaverde production.

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

SIGNED

Scott McKinn

TITLE Senior Regulatory Analyst

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

12/17/1986

FARMINGTON RESOURCE AREA

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*See Instructions on Reverse Side

NMOCC