

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

**SUBMIT IN TRIPPLICATE\***  
(Other instructions on reverse 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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Tenneco Oil Company E & P WRMD

3. ADDRESS OF OPERATOR  
P. O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
  
1650FNL, 790FEL

14. PERMIT NO.  
30-045-10338

15. ELEVATIONS (Show whether DP, RT, OR, etc.)  
6568' GL

5. LEASE DESIGNATION AND SERIAL NO.  
SF-078387-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Kernaghan

9. WELL NO.  
4

10. FIELD AND POOL, OR WILDCAT  
Blanco-MV

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 30, T31N R 8W

12. COUNTY OR PARISH  
San Juan

13. STATE  
NM

**RECEIVED**  
SEP 08 1985

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

16. 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 COMPLETE <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 PLANS <input type="checkbox"/>	(Other) _____	
(Other) Change of operator & name <input 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.)\*

Please be advised that Tenneco has assumed operations for the referenced well from El Paso Natural Gas. Tenneco also requests permission to change the name from Kernaghan 4 to the Kernaghan LS 4

**RECEIVED**  
OCT 08 1985  
OIL CON. DIV.  
DIST. 3

SEP 1 1985

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

SIGNED Scott McKinney TITLE Sr. Regulatory Analyst DATE SEP 1 1985

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 07 1985

CONDITIONS OF APPROVAL, IF ANY: FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side  
**NMOCC**