OIL GABE WELL WELL WELL Company E & P WRMD  ADDRESS OF OPERATOR P. O. Box 3249, Englewood, CO 80155 P. D.		UNITED STATES EPARTMENT OF THE INTE BUREAU OF LAND MANAGEME	NV	Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.  SF-078387-A  6. IF INDIAN, ALLOTTEE OR TRIDE NAME
OTT. SALES OF OFFICE OF APPROVAL IF ART:  OTTO STATES OF APPROVAL IF ART:	SUNDR' (Do not use this form	Y NOTICES AND REPORTS  for proposals to drill or to deepen of plu "APPLICATION FOR PERMIT—" for suc	ON WELLS g back to a different reservoir. h proposals.)	7 THIT AGREEMENT NAME
Tenneco 0:1 Company E & P WRMD  Tenneco 0:1 Company E & P WRMD  Accesses or organizon P. O. Box 3249, Englowcood, CO 80155 P. C. E. V. C. D. C. D. Friends and produces and produced and pr	OIL GAB X			·
Tenneco Oil Company E & P WRMD  P. O. Box 3249. Englewood. CO 80155 P. S. Walk Box.  P. O. Box 3249. Englewood. CO 80155 P. S. Walk Box.  PARTITION OF THE PROPERTY OF THE PRO	WELL	WELL		
P. O. Box 3249. Englewood, CC 80155 M Edite requirements.  SEP 08 1965  15: INFRIDATE PROPERTY AT SECURITY AND THE SECURITY AS	Tenneco Oil	Company E & P WRMD		
Blanco-MV  Bet also spec T below.)  St. P. 0.6 1965  Blanco-MV  St. P. 0.6 1965  Blanco-MV  Sc. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Darks  Soc. 2.6 1.5 San Juan NM  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Darks  Soc. 2.6 1.5 San Juan NM  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Darks  Soc. 2.6 1.5 San Juan NM  Martine Casino NM  Soc. 2.6 1.5 San Juan NM  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Darks  Soc. 2.6 San Juan NM  Martine Casino NM  Approved Soc. 2.6 San Soc. 2.6 San San Juan NM  Martine Casino NM  Soc. 2.6 San Juan NM  Soc. 2.6	P. O. Box 32	49, Englewood, CO 80155		2 10 FIELD AND POOL, OR WILDCAT
BUPEAU CLUST PARTY NO.  30-045-10345  6324' GL  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  STRENGED BY APPROVAL IF ANY:  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  STRENGED BY APPROVAL IF ANY:  Sec. 28, T31N R 8W  FACTURE PARTY NO.  18. COORTTON PARTIES IN STREET  San Juan  NM1  18. COORTTON PARTIES  San Juan  NM1  18. COORTTON PARTIES  San Juan  NM1  STREET WATER SECTORY  FRACTURE TREATMENT  AMERICAN PROPRIES  AMERICAN PROPRIES  STREET WATER SECTORY  FRACTURE TREATMENT  AMERICAN PROPRIES  AMERICAN PROPRIES  STREET WATER SECTORY  FRACTURE TREATMENT  AMERICAN PROPRIES  AMERICAN PROPRIES  STREET WATER SECTORY  FRACTURE TREATMENT  AMERICAN PROPRIES  AMERICAN PROPRIES  STREET WATER SECTORY  FRACTURE TREATMENT  AMERICAN PROPRIES  AMERICAN PROPRIES  STREET WATER SECTORY  FRACTURE TREATMENT  AMERICAN PROPRIES  AMERICAN	4. LOCATION OF WELL (Report location clearly and in accordance with any state requirement.  See also space 17 below.)  CED 06 1935			Blanco-MV
18. ELEVATIONS (Show weether in the case of the control of the con	FARMINGTON RESOURCE			Sec. 28, T31N R 8W
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Softice or Internation To:  SOFTICE OF TREATMENT SERVICE COMPLETE OF SOFTICE  SOFTICE OF SOFTICE  SOFTICE OF TREATMENT SERVICE COMPLETE SERVICE  SOFTICE OF TREATMENT SERVICE COMPLETE SERVICE  SOFTICE OF TREATMENT SERVICE COMPLETE  SERVICE COMPLETE OF SOFTICE  SOFTICE OF TREATMENT SERVICE COMPLETE  SERVICE COMPLETE OF SOFTICE  SOFTICE OF TREATMENT SERVICE COMPLETE  SERVICE COMPLETE SERVICE COMPLETE  SOFTICE OF TREATMENT SERVICE COMPLETE  SOFTICE OF TREATMENT SERVICE COMPLETE  SOFTICE OF TREATMENT SERVICE COMPLETE  SOFTICE OF TREAT	14. PERMIT NO.	i e	T DF, RT, GR, etc.)	_ ]
TEST WATER SECTORY  TEST WATER SECTORY  PELL OR ALTER CARING  PELL OR ALTER CARING  PELL OR ALTER CARING  ALTERIANDON*  REPORT REALT MATER SECTORY  REPORT REALT MATERIAN  REPORT MATERIAN  REPORT REALT MATERIAN  REPORT MATERIAN  REPORT REALT MATERIAN  REPORT MATERIAN	30-045-10345			1 July July 1
TEST WATER SECTORY  TEST WATER SECTORY  PELL OR ALTER CARING  PELL OR ALTER CARING  PELL OR ALTER CARING  ALTERIANDON*  REPORT REALT MATER SECTORY  REPORT REALT MATERIAN  REPORT MATERIAN  REPORT REALT MATERIAN  REPORT MATERIAN  REPORT REALT MATERIAN  REPORT MATERIAN	16.	Check Appropriate Box To Indicat	e Nature of Notice, Report, or C	Other Data
THET WATER SHOT-OFF  PRACTURE TREAT  WALTURE CASINO  MALTURE CASINO  MALTURE TREAT  REPORT OR ACTORIE  REPORT PRACTICE TREAT  REPORT PRESIDENCE  (Other)  Completion or Recompletion on Well  Completion or Recompletion on Well  Completion or Recompletion Report and long from  Report remits of multiple completion on Well  Completion or Recompletion Report and long from  Report remits of multiple completion on Well  Completion or Recompletion Report and long from Recompletion Report and long from  Lamonometry  Completion or Recompletion Report remits of multiple completion on Well  Completion or Recompletion Report remits of multiple completion on Well  Completion or Recompletion Report remits of multiple completion on Well  Completion or Recompletion Report remits of multiple completion on Well  Completion or Recompletion Report remits of multiple completion on Well  Completion or Recompletion Report remits of multiple completion on Well  Completion or Recompletion Report remits of multiple completion on Well  Completion or Recompletion Report remits of multiple completion on Well  Completion or Recompletion Report remits of multiple completion on Recompletion Report remits date of multiple completion of multiple completion of multiple completion of multiple completion Report remits date of multi			SUBSEQU	BHT REPORT OF:
PRACTURE TREAT SHOOT OR ACTORISE  REPAIR WELL  (Other) Change of operator & name  CHANGE PLANS  (Other) Change of operator & name  To change of operator & name  Change the pertinent dates, including entired date of starting any name to this work. If we is indicated date	1		WATER SHUT-OFF	REPAIRING WELL
BROOT OR ACIDIZE  ABANDON* CHANGE PLANS CHANGE PLANS CHANGE PLANS CHORT REPORT Recompletion or Recompletion or Well Chort Change of operator & name  (Other) Change of operator & name  Change provided or confliction of recompletion or Reco	* * * * * * * * * * * * * * * * * * * *	<del></del>	FRACTURE TREATMENT	-1 1 1 1
SEP 1 1005  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct  BIGNED JAMES 18.  18. I hereby certiff that the foregoing is true and correct		<del> </del>	SECOTING OR ACIDIZING	ABANDONMENT*
Competed on Recompletion Recombination Recom		<del></del>		of multiple completion on Well
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 2 to the Kernaghan LS 2    Compared to the Kernaghan LS 2	Chang	e of operator & name	Completion or Recoids	letion Report and Dog total
OCT 08 1065  OIL CORLLIV. DIST. 3  SEP 1 1995  SEP 1 1995  ACCEPTED FOR RECO.  BIGNED ATT LE Sr. Regulatory Analyst DATE LEP TOTAL OF 1985  (This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  TITLE FARMINGIUM RECONDE AR	El Paso Nat	tural Gas. Tenneco also	assumed operations for t requests permission to o	he referenced well from thange the name from
18. I hereby certify that the foregoing is true and correct  81GNED				OCT 08 1085 OIL CON DIV.
SIGNED TITLE Sr. Regulatory Analyst DATE SEP 1985  (This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  TITLE Sr. Regulatory Analyst DATE SEP 1985  FARMINGTON RECOGNIC ARE			දැන්වාස් යෝදර ර දෙක් කිරීම දෙක් දෙක් විශ්ය දෙක් කිරීම දෙක් වේ ද	4 4005
APPROVED BY TITLE FARMINGTON RECOGNOL AR	Vist		Sr. Regulatory Analy	ST DATE SEP 1 1990
APPROVED BY TITLE FARMINGTON RECOGNOL AR	(This space for Federa	or State office use)		
CONDITIONS OF APPROVAL, IF ANI:	API'ROVED BY			
	CONDITIONS OF API	PROVAL, IF ANY:		

\*See Instructions on Reverse Side NMOCC