

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-B1424.

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.

53

10. FIELD AND POOL, OR WILDCAT

Blanco Pictured Cliffs

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 WELL ☐ GAS WELL ☒ OTHER

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

1650 FNL 990 FWL

14. PERMIT NO.

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

5946 GR

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. 9/15/65. Perf Pictured Cliffs 2690-85. Frac w/50,000 lbs sd and 40,000 gallons of water plug 342 cu ft. CO2/BBL. Released Rig. S.I. 9/29/65. W/O Pipeline. Job Complete.



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

SIGNED

Harold C. Nichols

TITLE Sr. Production Clerk

DATE November 4, 1965

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Distribution: 5 to USGS

1 to Continental