

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF -079511 - A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Florance

9. WELL NO.

100

10. FIELD AND POOL, OR WILDCAT

Blanco PC

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

Sec. 30, 30N-8W

12. COUNTY OR PARISH 13. STATE

San Juan N.M.

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

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

1170 FSL, 945 FEL

Unit Q

14. PERMIT NO.

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

5726 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

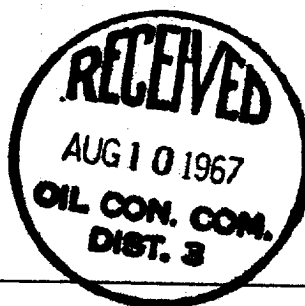
ALTERING CASING

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.)*

Move in completion unit 6/14. CO to PBTD 2488. Perf 2428-32, 2458-62
2469-71, w/2 SPF. Frac w/30,000# sd in 29,610 gals wtr/ Rate 30 BPM at 1600
psi. WO Test.



RECEIVED

U.S. GEOLOGICAL SURVEY

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

SIGNED M. K. Wagner

TITLE

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

USGS. (5)

Cont (1)

TITLE

DATE 8-7-67

*See Instructions on Reverse Side