

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>SF - 077833</b>	
2. NAME OF OPERATOR <b>Tenneco Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>P.O. Box 1714 Durango, Colorado</b>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b> <b>1370 FSL, 575 FWL Unit K</b>		8. FARM OR LEASE NAME <b>Florance</b>	
14. PERMIT NO.		9. WELL NO. <b>94</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6047 GR.</b>		10. FIELD AND POOL, OR WILDCAT <b>Blanco PC</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 30, T30N, R9W</b>	
		12. COUNTY OR PARISH 13. STATE	

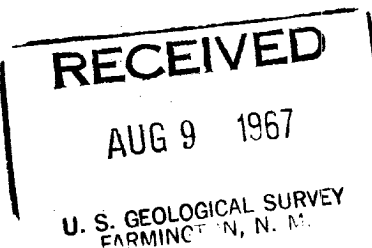
18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)\*

Rigged up 6/14. CO to PBTD 2738. Perf 2648-53 2666-71, 2682-88, 2695-99 w/L SPF Acid-ized w/250 gals. Frac w/ 30,000# sd in 31,920 gals wtr. Rate 34 BPM at 1200 psi. No test.



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

SIGNED M. K. Wagner

TITLE

DATE 8/1/67

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:  
USGS. (5) Cont (1)  
Pan Am (1)

TITLE

DATE

\*See Instructions on Reverse Side