

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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.)

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.

101

10. FIELD AND POOL, OR WILDCAT

Blanco Pictured Cliffs

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

Sec 29, T-30-N, R-8-W

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 81301

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

1140 FSL, 1520 FEL, Unit 0

14. PERMIT NO.

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

6168 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

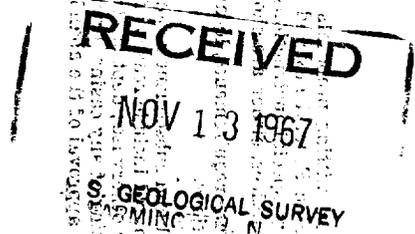
ALTERING CASING

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 perti-
nent to this work.)*

10/16/67. MI workover rig. Drilled 270' cement @ 2950. 2980 PBD.
Ran correlation log. Perf 2881-84, 2908-11, 2914-16, 2937-
39 w/2/ft. Frac w/30,000# sd in 33,600 gals wtr. Max press
1800 @ 31 BPM. WO Test.



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

SIGNED M. K. Wagner

TITLE _____

DATE 11/8/67

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

USGS (5)
Cont (1)

*See Instructions on Reverse Side