Form 9-331 (May 1960)

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

## UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on re

SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

REPAIRING WELL

ALTERING, CASINO

ABANDONMENT\*

CIL

GFOL	OGICAL	SURVEY

PULL OR ALTER CASING

MULTIPLE COMPLETE

ARANDON\*

CHANGE PLANS

SF 080132
6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME WELL GAS WELL OTHER NAME OF OPERATOR 8. FARM OR LEASE NAME Tenneco Oil Company Florance 3. ADDRESS OF OPERATOR 9. WELL NO. Suite 1200 1860 Lincoln St. Denver, Co. 80203 7 A LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde 11, BEC., T., B., M., OE BLK, AND BURYET OR ARBA 1750' FNL and 1590' FWL Sec. 23, T30N, R9W 14. PERMIT NO. 15. ELEVATIONS (Show whether Dr. BT. GR. etc.) 12. COUNTY OR PARISH 13. STATE 6082' GL San Juan New Mexico 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) \*

WATER SHUT-OFF

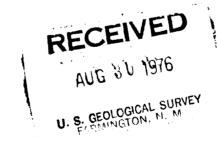
(Other)

PRACTURE TREATMENT

SHOOTING OR ACIDIZING

8/19 - 8/23/76 MIRUCU Tested csg. liner. 0.K. Perf'd 15 holes from 5182' - 4880'. Broke down and frac'd w/75,000 #'s of 20/40 mesh sand. Perf'd 15 holes from > 4807' - 4471'. Broke down and frac'd w/75,000 #'s of 20/40 mesh sand. Started flowing well to clean up

Will shut in for AOF test after cleaning up.



18. I hereby certify that the foregoing is true and correct		
SIGNED A.M. Myen	TITLE Div. Production Manager	DATE 82476
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE