

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME Florance
3. ADDRESS OF OPERATOR P. O. Box 3249, Englewood, CO 80155	9. WELL NO. 7A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1750' FNL, 1590' FWL	10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T30N, R9W	12. COUNTY OR PARISH San Juan
13. STATE NM	
14. PERMIT NO.	15. ELEVATIONS (Show whether to, or, or, etc.) BUREAU OF LAND MANAGEMENT 6001' KB

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SEP 14 1984

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PCCL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANE
(Other) Recompletion - Fruitland	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	

(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.)*

Tenneco requests permission to dual the above referenced well by recompleting in the Fruitland ~~coal~~ formation according to the attached detailed procedure.

coal interval

Need NMCCD approval to dually complete

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SEP 20 1984
OIL CON. DIV.
DIST. 3

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

SIGNED

Scott McKinney

TITLE Sr. Regulatory Analyst

DATE

8/20/84

DATE

SEP 18 1984

M. MILLENBACH
for AREA MANAGER

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMCCD

*See Instructions on Reverse Side

LEASE FLORANCE

WELL NO. 7A

9 5/8" OD, 36 LB, K-55 CSG.W/ 200 SX

TOC @ _____.

251'

7 "OD, 23 LB, K-65 CSG.W/ 200 SX

TOC @ _____.

DETAILED PROCEDURE _____

2567'

FRUITLAND COAL

1 1/4" TBG 2751'

2752'

2886'

2895'

MODEL D PACKER

3113

4 1/2" CASING

4471'

4807'

4880'

MESA VERDE

2 3/8" TBG 5180'

5182'

PBTD 5328'

TD 5375' RB