

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-081098-A	
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 3249, Englewood, CO 80155		7. UNIT ASSIGNMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1080' FNL, 1605' FWL		8. FARM OR LEASE NAME Florance	
14. PERMIT NO.		9. WELL NO. 4A	
15. ELEVATIONS (Show whether SP, ST, GR, etc.) 6100' GR		10. FIELD AND POOL, OR WILDCAT Blanco MV/Undes Fruitland	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T30N, R9W	
		12. COUNTY OR PARISH San Juan	13. STATE NM

RECEIVED  
JUL 19 1984  
BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

16. 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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDISE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDISING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)

Tenneco Oil Company requests that you hold all future correspondence, logs, ect., pertaining to the referenced well under confidential status.

RECEIVED

JUL 23 1984

OIL CON. DIV.  
DIST. 3

CONFIDENTIAL

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

SIGNED

*Scott McKinnis*

TITLE Senior Regulatory Analyst

DATE

7/16/84

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

NMOCC

\*See Instructions on Reverse Side

JUL 20 1984

FARMINGTON RESOURCE AREA