

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. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Tenneco Oil Company E & P WRMD

3. ADDRESS OF OPERATOR
P. O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
830FSL, 890FEL

14. PERMIT NO.
30-045-22422

15. ELEVATIONS (Show whether OF, AT, OR, ETC.)
6401' GL

5. LEASE DESIGNATION AND SERIAL NO.
SF-078387-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Kernaghan

9. WELL NO.
4 A

10. FIELD AND POOL, OR WILDCAT
Blanco-MV

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T31N R 8W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

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

NOTICE OF INTENTION TO:

| | | | |
|---------------------|---------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | Change of operator & name | | |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (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.)*

Please be advised that Tenneco has assumed operations for the referenced well from El Paso Natural Gas. Tenneco also requests permission to change the name from Kernaghan 4 A to the Kernaghan LS 4 A

OCT 08 1985
OIL CON. DIV.
DIST. 3

SEP 1 1985

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

SIGNED

John M. Krumm

TITLE Sr. Regulatory Analyst

DATE

SEP 1 1985

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

OCT 07 1985

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY

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*See Instructions on Reverse Side
NMOCC