

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. SF-078336 | |
| 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 AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FSL, 860' FWL | | 8. FARM OR LEASE NAME Florance | |
| 14. PERMIT NO. | | 9. WELL NO. 114 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6063' GL | | 10. FIELD AND POOL, OR WILDCAT Blanco PC/Basin DK | |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T30N, R9W | |
| 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.)* | | 12. COUNTY OR PARISH San Juan | |
| | | 13. STATE NM | |

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

| | | | |
|---|---|--|--|
| 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 ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <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.)* | | | |

Please revise the previous sundry requesting permission to P & A the Dakota and PC zones and re-complete to the Fruitland Coal according to the revised attached detailed procedure.

RECEIVED

JUL 17 1985

OIL CON. DIV.
DIST. 3

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

SIGNED

John McGinnis

TITLE Senior Regulatory Analyst AS DATE July 10 1985

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

| |
|--------------------------|
| APPROVED |
| JUL 16 1985 |
| DATE |
| <i>John McGinnis</i> |
| SUPERVISOR |
| FARMINGTON RESOURCE AREA |

*See Instructions on Reverse Side

NMOCC