

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.<br>NM-013686                      |
| 2. NAME OF OPERATOR<br>Tenneco Oil Company  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                  |
| 3. ADDRESS OF OPERATOR<br>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.)<br>At surface<br>1030' FSL, 1015' FWL | 8. FARM OR LEASE NAME<br>Pritchard                                    |
| 15. ELEVATIONS (Show whether on surface or in well)<br>5863' GR   | 9. WELL NO.<br>9  |
| 16. PERMIT NO.  | 10. FIELD AND POOL, OR WILDCAT<br>Undes. Fruitland Coal               |
| 17. COUNTY OR PARISH<br>San Juan  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 1, T30N, R9W |
| 18. STATE<br>NM   |   |

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MAY 29 1986

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"/> | WATER SHUT-OFF        | <input type="checkbox"/> |
| FRACTURE TREAT          | <input type="checkbox"/> | FRACTURE TREATMENT    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL             | <input type="checkbox"/> | (Other) Pool Change   | <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.) \*

The reference well has been changed to the Blanco Fruitland ~~Coal~~ by the NM O&GCC Order #R-8180.

RECEIVED  
JUN 03 1986  
OIL COAL F.W.  
B.L.M.

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

SIGNED [Signature] TITLE Sr. Regulatory Analyst DATE JUN 02 1986

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

FARMINGTON RESOURCE AREA  
BY [Signature]

\*See Instructions on Reverse Side

NMOCO