

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Budget Bureau No. 1004-0155
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	2. NAME OF OPERATOR TENNECO OIL E & P	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 1650' FNL, 1650' FWL	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6608' GR
14. PERMIT NO.				
15. ELEVATIONS (Show whether DF, RT, GR, etc.) BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA				

5. LEASE DESIGNATION AND SERIAL NO. JICARILLA CONT 108	6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME JICARILLA C	9. WELL NO. 4	10. FIELD AND POOL, OR WILDCAT BLANCO MV/BASIN DAKOTA	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 24, T26N-R5W	12. COUNTY OR PARISH RIO ARRIBA	13. STATE NM
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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 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"/>
(Other) ACID JOB			

(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.) *

MIRU swab unit. Make one swab run, 50' fluid in tbg. RU Western to pump 43 bbls 15% DI HCl containing iron sequesterent, de-emulsifier and fines suspension agent. Max pump pressure 1500 psi. With 26 bbls acid in hole could not pump. Acid did not reach end of tbg. Held 1300 psi on tbg for 1-1/2 hrs. Swabbed tbg dry. Fill tbg w/1% KCl wtr. Swabbed tbg dry. RDMO swab.

RECEIVED
MAY 29 1986
OIL CON. DIV. I
DET. 3

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

SIGNED [Signature] TITLE SR. ADMINISTRATIVE ANALYST DATE 5/12/86

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE _____

MAY 27 1986

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

NMOC