

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N00-C-14-20-3596

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Allotted

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Pah

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Buena Suerte

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 3, T-25-N, R-11-W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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 ☐ Recompletion

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Suite 1200 Lincoln Tower Bldg., -Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1500' F/SL and 990' F/WL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6321 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other) Recompletion

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

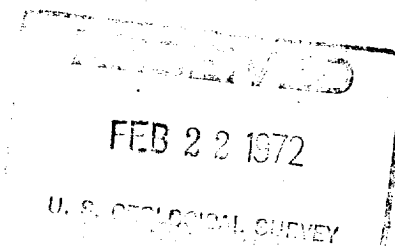
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SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

Move in completion unit and set C.I.B.P. @ $\pm 10,850'$ perforate upper Penn. w/2 JSPF 10,756' - 10,762', run treating packer on 2-7/8" tubing to $\pm 10,650'$, swab natural, acidize w/3000 gals 15% HCL swab, sand frac if required, drill out CIBP, set treating packer above lower Penn. perforations 10,956-58, sand frac, swab, pull packer, re-run tubing and return well to production--



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

SIGNED

TITLE

Sr. Production Clerk

DATE

2-16-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: