Form	9-331
(May	1963

16.

TEST WATER SHUT-OFF

FRACTURE TREAT

NOTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE

## UNITED STATES UNITED STATES SUBMIT IN TRIPLICATE\* DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL N

	GEOLOGICAL SURVEY	SF 080373
(Do not use this form for	NOTICES AND REPORTS ON WELLS  proposals to drill or to deepen or plug back to a different reservoir.  PPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS X OT	PHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Tenneco Oil Compar 3. Address of Operator	У	Hanson
bee also space if below.)	n Tower Bldg., Denver, Colorado 80203	3  10. FIELD AND POOL, OR WILDCAT
At surface 800'	FNL and 800' FWL	Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6541.0' GR	Sec. 5, T 25N, R 10W 12. COUNTY OR PARISH 13. STATE San Juan New Mexico

SHOOT OR ACIDIZE ABANDON\* SHOOTING OR ACIDIZING ABANDON MENT\* REPAIR WELL CHANGE PLANS (Other) . (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)\*

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

WATER SHUT-OFF

FRACTURE TREATMENT

Drilled 7-7/8" hole to 6530' T. D. Ran IES & CML-FDC logs and circulated hole clean. Ran 160 jts. 5 1/2" J-55 ST & C casing and cemented in two stages. Stage 1: 175 sacks of 65/35 Pozmix + 6% GEL & tailed in with 60 sacks Class "A" Latex. Plug down 12:15 A.M. 2/5/74. Stage 2: 2 sacks Sodium Bicromate & 600 sacks 65/35 Pozmix + 6% GEL. Plug down 7:05 A.M. 2/5/74. Good circulation throughout both stages. Waiting on completion unit.



SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

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18. I hereby certify that the foregoing is true and correct SIGNED.	TITLE Production Clerk	DATE 2/6/74
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE