

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 to plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-067988	
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 860' FNL, 1010' FWL		8. FARM OR LEASE NAME Foster	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6159' GR		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA Sec 18, T26N, R7W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.) *

04/10/84: Kill tbq w/1% KCl wtr. Kill annulus w/1% KCl wtr. MIRUSU.

04/11/84: Set RBP @ 6465' KB. RIH w/fullbore pkr & on 2-3/8" tbq. Press tst RBP @ 1500 psi. Held o.k. Isolate csg leak fr 3274-3454'. Dmp 2 sxs sd on RBP. SDON.

04/12/84: RIH w/new fullbore pkr on 2-3/8" tbq. Isolate add'l csg leak @ 1000' to 1032'. No communication between upper & lower leaks. Sqzd btm set of holes w/139 (164 cf) sxs of Class B w/2% CaCl₂ & 6-1/4#/sx Gilsonite into formation. Max sqz press=1500 psi. Held 500 psi on BS during sqz. Put 1500 psi on tbq. Press'd BS & estab'd circn to surface thru leak @ 1000'. SDON.

04/13/84: Set fullbore pkr. Press tst BS to 1500 psi. Held o.k. TOOH w/9 stds tbq to 378' KB. Set pkr. Put 1000 psi on BS. Estab'd rate into sqz holes @ 1/4 BPM & 1250 pis. Sqz'd leak w/225 sxs(265.5 cf) Class B + .5% D60.

04/16/84: DO cmt on upper sqz. Press tst to 500 psi for 10 mins. Held o.k.

04/17/84: Dr1 out cmt to 3728'. Press tst 4-1/2" csg to 500 psi for 5 mins. Held o.k. RIH w/tbg & retrieving head. Roll hole w/120 bbls 1% KCl. Hydrotested tbq in hole to 4500 psi.

04/18/84: Landed tbq & pkr @ 6485' KB. NDBOP. NUWH. RDMOSU.

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

SIGNED John McKinn

TITLE Senior Production Analyst

DATE 4/23/84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

MAY 01 1984

*See Instructions on Reverse Side