SHOOT OR ACIDIZE

REPAIR WELL

(Other)

UNITED STATES UNITED STATES SUBMIT IN TRIPLICATE DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

Form approved. 5. LEASE DESIGNATION AND SERIAL NO.

3	EOL	OGICAL	SURVEY	

	SF-078641			
(Do not use this form for propos Use "APPLIC:	ICES AND REPORTS (sals to drill or to deepen or plug b action FOR PERMIT—" for such pi		6. IF INDIAN, ALLOTTES OR TRIBE NAME	
OIL GAS WELL OTHER	7. UNIT AGRZEMENT NAME			
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME USA W.O. Berger			
3. ADDRESS OF OPERATOR 1860 Lincoln St., Suit 4. Location of Well (Report location of See also space 17 below.) At surface 790 'FNL a	9. WELL NO. #2 10. FIELD AND FOOD, OR WILDCAT Basin Dakota 11. SEC. T., E., M., OB BLK. AND SURVEY OR AREA Sec. 23, T26N, R11W			
14. PERMIT NO.	15. ELEVATIONS (Show whether pr. 6360 GR	RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE Sant Juan New Mexico	
NOTICE OF INTEN	Check Appropriate Box To Indicate Natural Notice of Intention to: TEST WATER SHUT-OFF PULL OR ALTER CASING		subsequent report of:	
	MULTIPLE COMPLETE	FRACTURE TREATMENT	REPAIRING WELL XX	

(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.)*

We have squeezed a casing leak as follows:

ABANDON*

CHANGE PLANS

- 1. Located 125' interval that would not hold pressure.
- 2. Squeeze cemented w/200 Sacks of Class "A" cement w/2% CaCl, 2% Bentonite, 3% Salt, and .6% low Fla.
- 3. Drilled out cement. Tested casing to 1000 psi. Lost pressure. leaking interval.
- 4. Spotted 25 sack cement plug across leaking interval.
- 5. Drilled out cement. Tested to 500 psi. O.K.
- 6. Placed well back on production.
- 7. Cleaned location of all debris



18. I hereby certify that the forester to the second		The state of the s
18. I hereby certify that the foregoing is true and correct SIGNED	TITLE Division Production	Manager 5-18-77
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE