

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

1. ☐ OIL WELL ☐ GAS WELL ☒ 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  
330' FSL, 2390' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether SF, BT, OR, etc.)  
6751' GL BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.  
SF-079319

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
SCHWERTFEGER A LS

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
BLANCO PICTURED CLIFFS

11. SEC., T., R., M., OR BLM, AND  
SURVEY OR AREA  
SEC 6, T27N, R8W

12. COUNTY OR PARISH  
SAN JUAN

13. STATE  
NM

RECEIVED

JUL 10 1986

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"/> | WATER SHUT-OFF        | <input type="checkbox"/>            |
| FRACTURE TREAT          | <input type="checkbox"/> | FRACTURE TREATMENT    | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/>            |
| REPAIR WELL             | <input type="checkbox"/> | (Other)               | <input type="checkbox"/>            |
| (Other)                 | <input type="checkbox"/> |                       |                                     |
| PULL OR ALTER CASING    | <input type="checkbox"/> | REPAIRING WELL        | <input type="checkbox"/>            |
| MULTIPLE COMPLETE       | <input type="checkbox"/> | ALTERING CASING       | <input checked="" type="checkbox"/> |
| ABANDON*                | <input type="checkbox"/> | ABANDONMENT*          | <input type="checkbox"/>            |
| CHANGE PLANS            | <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.)\*

SCHWERTFEGER A LS #3

P & A

6/27/86

OA: MIRU to wireline truck. RIH with perforation gun. Tag fill. Pulled up to 755'. Shot 4 squeeze holes. Broke circulation. Circulated cement down 3-1/2 and out the 3-1/2 x 7/8" annulus. Took 135 sx. Pumped 30 sx down the bradenhead.

ADDITIONAL INFORMATION (If any) may be added here.  
Date of completion of work: 6/27/86  
Surface location of well: 330' FSL, 2390' FWL

RECEIVED

JUL 30 1986

OIL CON. DIV.  
DIST. 3

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

SIGNED

*[Signature]*

TITLE SR. ADMIN. ANALYST

DATE 7/2/86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 29 1986

*[Signature]*  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

NMOCC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.