

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)Form approved,  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

SF-077384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER                                                                               | 7. UNIT AGREEMENT NAME                                                 |
| 2. NAME OF OPERATOR<br>Tenneco Oil Company                                                                                                                            | 8. FARM OR LEASE NAME<br>Galt E                                        |
| 3. ADDRESS OF OPERATOR<br>1860 Lincoln St., Suite 1200, Denver, Colorado 80295                                                                                        | 9. WELL NO.<br>#1                                                      |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>860' FNL and 1650' FEL | 10. FIELD AND POOL, OR WILDCAT<br>Fulcher-Kutz P.C.                    |
| 11. PERMIT NO.                                                                                                                                                        | 11. SEC., T., R., M., OR PLK. AND SURVEY OR AREA<br>Sec. 1, T27N, R10W |
| 12. ELEVATIONS (Show whether DE, RT, CR, etc.)<br>6023'                                                                                                               | 12. COUNTY OR PARISH 13. STATE<br>San Juan New Mexico                  |

## 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 PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      | <input type="checkbox"/> |

## SUBSEQUENT REPORT OF:

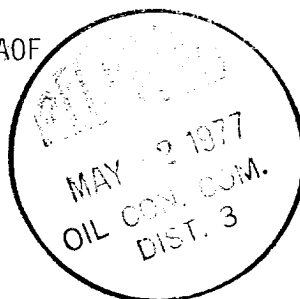
|                       |                                     |                 |                                     |
|-----------------------|-------------------------------------|-----------------|-------------------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/>          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

3/8-4/18/77 - MIRUPU and pulled 1" tubing. Ran 3½" casing and set at 2113' Cemented w/53 sacks of 65-35 poz cement w/12% gel, 12½ lb/sack gilsonite and ¼ lb/sack sulphane flakes. Followed with 85 sacks of cement w/4% gel and 12½ lb/sack gilsonite. Circulated and waited on cement. Perf'd 1 JSP2' from 2083'-2055' and 2056'-2022'. (26 holes) Acidized with 500 gallons of 15% BDA. Foam frac'd well with 16,000 #s of 10/20 mesh sand. Flowed well to clean up. Ran 1½" production tubing. Cleaned location of all debris.

Rate after Workover = 448 MCFPD AOF  
Rate prior to Workover = Shut-in.



APR 28 1977

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

SIGNED D. A. MeyerTITLE Division Production ManagerDATE 4-21-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_