

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 Company

3. ADDRESS OF OPERATOR
P. O. Box 1714, Durango, Colorado 81301

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1135 FSL 1850 FEL
Unit Letter "O"

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6078 GR

6. LEASE DESIGNATION AND SERIAL NO.
NM 03380

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Florance

9. WELL NO.
#67

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
Sec. 19, T-27-N, R-8-W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

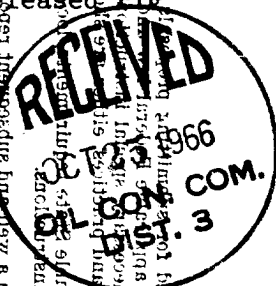
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	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"/>	WATER SHUT-OFF	<input type="checkbox"/>
		FRACTURE TREATMENT	<input checked="" type="checkbox"/>
		SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
		(Other)	<input type="checkbox"/>
		REPAIRING WELL	<input type="checkbox"/>
		ALTERING CASING	<input type="checkbox"/>
		ABANDONMENT*	<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.)*

Rig up completion unit 9/22/66. Found casing leak. Perf 2 HPF @ 5388'. Squeezed casing leak w/100 sx. Squeezed leak at 411 w/120 sx. WOC. Cleaned out to 6748 PBTD. Spotted 250 gallons acid. Perf 6686-90, 6658-64, 6634-44, 6616-20, 6590-94 w/1 HPF. Spotted 500 gallons mud acid at 6570. Set packer at 6580, acidized w/500 gallons. Frac w/87360 gallons water and 60,000 lbs. acid. Set CIBP at 6560, squeezed hole in casing at 400' w/200 sx cement. WOC. Re-squeezed w/100 sx. Tested casing, held OK. Ran 2-3/8" EUE tubing set at 6694. Released. 10/1/66. WO Test.



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

SIGNED Harold E. Nichols TITLE Senior Production Clerk

DATE October 20, 1966

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

5 USGS, 1 Cont., 1 TOC File

*See Instructions on Reverse Side