

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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.)

| | | |
|---|--|---|
| <p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Tenneco Oil Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 3249, Englewood, CO 80155</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1450' FNL, 1185' FWL</p> | | <p>5. LEASE DESIGNATION AND SERIAL NO. SF-078499</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Russell Com</p> <p>9. WELL NO. 1E</p> <p>10. FIELD AND POOL, OR WILDCAT Basin Dakota</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T28N, R8W</p> <p>12. COUNTY OR PARISH 13. STATE San Juan NM</p> |
| <p>14. PERMIT NO. 30-045-25964</p> | <p>15. ELEVATIONS (Show whether NF, NT, OR, etc.) 6355' GR</p> | |

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

09/10/84: MIRUSU. DNWH, NUBOP. Tag cmt @7327. Drill out to PBD @7399.

09/11/84: Roll hole w/1% KCl wtr. Spot 500 gal 7-1/2% HCl @7355. Perf Dakota w/2 JSPF 43' 86 holes 7112-27, 7201-06, 7242-46, 7282-86, 7306-13, 7320-22, 7336-42. Acidized w/1700 gal 15% wgt HCl & 130 ball slrs @ 9 BPM & 2900 psi. Frac Dakota w/83,500 gal 30# XL gel & 175,000# 20/40 SD. Air 64 BPM. Avg treat press 1950 psi. ISIP 1400 psi, 15 min SIP 960 psi.

09/12/84: RIH w/2-3/8 tbg, tag sd @7309. CO to PBD w/foam. Land 2-3/8 tbg @7248. Kick well around w/N₂. RDMSU.

RECEIVED
SEP 27 1984
OIL CON. DIV.
DIST. 3

RECEIVED
SEP 20 1984
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

SIGNED *[Signature]* TITLE Sr. Regulatory Analyst DATE ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE SEP 26 1984

CONDITIONS OF APPROVAL, IF ANY: _____

FARMINGTON RESOURCE AREA
RV *[Signature]*

*See Instructions on Reverse Side