

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Budget Item No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-077085

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Omler

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Fulcher-Kutz

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 35, T28N, R10W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

1860 Lincoln St. Suite 1200 Denver, Colorado 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

990'FNL and 990'FWL

14. PERMIT NO.

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

5877'KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

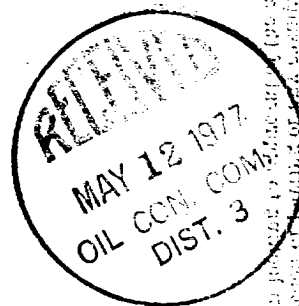
ABANDONMENT*

(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.)*

2/25-3/2/77 - MIRUPU Installed BOP. Pulled tubing. Set and cemented 3 1/2" 9.2#, J-55 tubing @ 1983' W/125 sacks of cement. Waited on cement. Perf'd 27 holes from 1898'-1978'. Foam frac'd formation W/1000#s foam and water. AIR 20BPM; AIP = 2250 psi; ISIP = 1300#. Circulated clean. Landed 1 1/4" production tubing @ 1935. Initial rate = 174 MCFPD, 1BW.

Prior Rate = 10 MCFPD



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

SIGNED

D. D. Bryan

TITLE Div. Production Manager

DATE

4-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side