

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

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

DATE 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 1830 1590 790' FNL 790' FWL</p> <p>14. PERMIT NO. 30-045-24207</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF-077085</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Omler A</p> <p>9. WELL NO. 1E</p> <p>10. FIELD AND POOL, OR WILDCAT Basin Dakota</p> <p>11. SEC., T., R., M., OR B.L.E. AND SURVEY OR AREA Sec 26 T28N R10W</p> <p>12. COUNTY OR PARISH 13. STATE San Juan NM</p>
<p>15. ELEVATIONS (Show whether DF, ST, OR, ETC.) 5787' GL</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 COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) _____	

*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.)*

Request approval to repair tubing leak per attached "Detailed Procedure".

RECEIVED
 MAIL ROOM
 88 MAY -5 AM 11:22
 FARMING, GARDENS,
 FARMINGTON, NEW MEXICO

RECEIVED
 MAY 13 1988
 OIL CON. DIV.
 DIST. 3

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

SIGNED [Signature] TITLE Sr. Administrative Analyst DATE 5/3/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
 MAY 9 1988
 [Signature]
 AREA MANAGER

*See Instructions on Reverse Side

NMOC

343

6952W/3/JWC

LEASE Omler "A"

WELL NO. 1E

CASING:

9-5/8 "OD, 36 LB, K-55 CSG/W 250 SX

TOC @ surf . HOLE SIZE 12-1/4 DT: _____

REMARKS _____

7 "OD, 23 LB, K-55 CSG/W 270/550 SX

TOC @ 2000 . HOLE SIZE 8-3/4 DT: _____

REMARKS DV @ 4647

_____ "OD, _____ LB, _____ CSG.W/ _____ SX

TOC @ _____ . HOLE SIZE _____ DATE _____

REMARKS _____

2835

2948

6234

6403

6456PB

6577

TUBING:

2-3/8 "OD, 4.7 LB, J-55 GRADE, 8 RD, EUE CPLG

LANDED @ 6222 . PACKER @ Model D @ 3500'

1-1/4 "OD, 2.4 LB, J-55 GRADE, 8 RD, EUE CPLG

LANDED @ 2917' . SN, PACKER, ETC. _____

PUMP _____ RODS _____ ANCHOR _____

DETAILED PROCEDURE:

1. Blow well down. MIRUSU. Kill well w/2% KCl wtr. NDWH. NUBOP.
2. POOH w/short string.
3. POOH w/long string. Redress seal assembly.
4. RIH w/longstring, hydrotesting to 1000 psi. Replace any bad joints.
5. Land longstring at 6324' (3 jts deeper than original landing depth).
6. RIH w/shortstring and land.
7. NDBOP. NUWH. Swab in Dakota. Swab in Chacra.
8. RDMSU.