

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

| | | | |
|---|--|--|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. SF-077107 | |
| 2. NAME OF OPERATOR Tenneco Oil Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P.O. Box 3249, Englewood, CO 80155 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1190' FNL and 790' FWL | | 8. FARM OR LEASE NAME Michener A LS | |
| 14. PERMIT NO. 30-045-26595 | | 9. WELL NO. 5-A | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6316' (GL) | | 10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde | |
| BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T28N, R9W | |
| | | 12. COUNTY OR PARISH San Juan | |
| | | 13. STATE NM | |

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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 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 type="checkbox"/> | CHANGE PLANE <input checked="" 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.) *

Install Lufkin C320D-84R0-30A-G pumping unit per following procedure:

1. MIRUSU. Blow well down and kill with 1% KCL if necessary. NDWH. NUBOP.
2. Release Baker Model A-3 Lok Set packer and POOH with tubing and packer.
3. RIH with bull plug, 1 joint 2 3/8" tubing, perforated sub, SN, 10 joints 2 3/8" tubing, 4 1/2" x 2 3/8" tubing anchor and + 138 joints 2 3/8" tubing.
4. Set anchor at + 4300' with 10,000 # tension. NDBOP. NUWH.
5. RIH with 2 x 1 1/2 x 16 RHBC pump with 1 1/4" x 12' strainer nipple on bottom; 3175' 3/4" rods and 1450' 7/8" rods. Land pump + 4625'.
6. Flange up well. RDMOSU. Place well on production.

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OIL CON. DIV. APPROVED

DIST. 3

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

SIGNED

Steve Durio

TITLE Administrative Supervisor

DATE 11/12/86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

NMOCC