

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-078049	
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 990' FSL, 990' FWL		8. FARM OR LEASE NAME Hughes A LS	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6401' GL		10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T29N R8W	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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 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 PLANS <input type="checkbox"/>	(Other) Plug off & sidetrack <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.)*

10/28/85 Drill & survey. TOOH. Set back collars. TIH w/reamer & bit. Could not gain any angle. Clean hole. TOOH to PU D.C. TIH. Drlg stringers of shot powder from notro-frac. Formation oil-wet.

10/30/85 Drill to TD, blow hole. Survey, - 8' fill after survey. TOOH. Hole tight. TIH, circulate.

10/31/85 TOOH for logs, R/U Schlumberger log w/Litho Density - 4532'-5612', DIL fr 4532'-5636', R/D loggers, lay down reamer, P/U bit & RIH. Ream from 5289 to 5320'. String backed off. RIH. Tag top of fish @ 2401', screw in fish, pull 50,000 over string weight. Unable to circ w/air. P/U 30' w/drag, P/U Kelly, establish circulation & blow hole. POOH laying down 72 jts bent drill pipe. TOF @ 4946'.

11/1/85 P/U 66 jts 2-7/8" American Hole D/P., TIH, P/U 44 stds in derrick, strap in hole, correct strap depth top of fish 4815' (btm fish 5618') total 703'.

11/2/85 FTIH, could not get over fish, TOOH, dress grapple for 3-7/8", TIH, latch onto fish, jarred on fish once, jars quit operating. TOOH, P/U new set jars, TIH, w/6 DC, overshot, accelerators, bumpers sub, 1 - jt. D.P. open ended. Spot 75 sxs (88 ft3) Class "B" w/2% CaCl2. Pull 20 stds. W/O orders. Top of plug @ 4436'

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

SIGNED John M. Kelly TITLE Senior Regulatory Analyst. DATE 11/7/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

RECEIVED

NOV 20 1985

*See Instructions on Reverse Side

NMOCC

CON. DIV.

DIST. 3