

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 ☐ GAS WELL ☒ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. SF-078415
2. NAME OF OPERATOR Tenneco Oil Company E & P WRMD	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 1090' FSL, 890' FWL	8. FARM OR LEASE NAME Roelofs LS
14. PERMIT NO.	9. WELL NO. 3
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 6741' GL	10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, 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:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☒	CHANGE PLANE	☐
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(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 and 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.)*

Tenneco requests permission to do a casing repair on the referenced well according to the attached detailed procedure.

RECEIVED
SEP 27 1985
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature]

TITLE Sr. Regulatory Analyst

DATE May 15, 1985

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side
NMOCC

APPROVED

SEP 25 1985

AREA MANAGER
FARMINGTON RESOURCE AREA

LEASE Roelofs LS

WELL NO. 3

9-5/8 "OD, 25.4 LB, CSG.W/ 150 SX

TOC @ Surface

7 "OD, 23 LB, CSG.W/ 300 SX

TOC @ 3340

 "OD, LB, CSG.W/ SX

TOC @

DETAILED PROCEDURE:

1. MIRUSU. Blow down well. Kill tbg. NDWH. NUBOP.
2. RIH and TAG PBTD. TOOH. Visually inspect TBG.
3. Hydrotest in hole to 2000 psi w/~~out~~ retainer on tbg and set ± 200' above 7" csg shoe. PU and test tbg to 1000 psi. Pump dn csg to confirm csg leak. Roundtrip tbg to retrieve setting tool. Set dn into retainer to establish communication with MV.
4. NDBOP. NUWH. Swab well in. FTCU. RDMOSU.

4468

7" @

4925

2 3/8 TBG @ 4910

TD @ 5773

0579W