

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.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 3249, Englewood, CO 80155

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

1650' FNL, 990' FEL

14. PERMIT NO.

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

6769' GL

5. LEASE DESIGNATION AND SERIAL NO.

SF-078502

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Vandewart A LS

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde

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

Sec. 14, 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

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) sidetrack

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.)*

MIRU 3:00 p.m.

11/6/85 Blow well dwn. Kill well w/1% KCl wtr. ND tree. NUBOPE & blewie line. Screw into tbg.tbg stuck, wait on Homco. Free pt tbg. Stuck @ 5130'. RU chemical cutter to 5128'. Cut tbg.

11/17/85 Work chemical cutter free. TIH w/drill pipe and Howco cmt retainer - set at 4902' - pressure test 7" csg to 1000 psi 15 min o.k. - put 500 psi on backside. Sqz w/250 sxs (385CF) 65/35 poz + 6% gel and tail w/100 sx (118CF) Class B + 2% CaCl - no pressure build up. Overdisplace 12 bbls into open hole - W0 cmt - sqz'd w/200 sxs (236CF) Class + 2% CaCl. Pressure built to 2500 psi - sting out - reverse out 2 bbls of cmt.

11/18/85 NU csg spool NU BOP's. Test BOP's to 1000 psi 15 min o.k. RIH.

11/19/85 Pin'd drlg retainer. Dress plug to 5941'. Survey, 1/2 degree.

11/20/85 Work pipe to 4200'. RU and pmp 1500 gal HCl acid. Dispose 4200-2000'. Soak w/acid @ 6:00 a.m.

11/21/85 Pulled 50', hole tight. Spot 1000 gals 15% HCl. Set for 3 hrs. TOOH. PU Reamer, bit. Unload hole w/N2.

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

SIGNED

John M. Kruy

TITLE Senior Regulatory Analyst

DATE

11/22/85

(This space for Federal or State office use)

DIST. 3

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

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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

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11/22/85 TIH w/knuckle jt & 4-3/4" bit, drill 18' rathole, TOTCO at 5059 3-3/4" TOOH & P.C. 6-1/4" hole opener. TIH rean 4-3/4" hole to 6-1/4". TOTCO 3-1/4 @ 5059' TOOH P.U. 10 D.C.

11/23/85 Drill & survey

11/24/85 Drilling. TOOH. RU Schlumberger. Run DIL-GR and FDC-GR from 6050-5050. RD loggers.

11/25/85 LD DP & D.C. Work BOP. Change rams. RU and run 142 jts 4-1/2 OD 10.5 K-55 csg. Total of 6061. Set at 6048'. Flag jt at 4826'. Float collar @ 6005'. Blow hole. Rig up and cmt w/Halliburton. 10 BBLS chem wash & 150 sx (177CF) Class "B" + 6% CFR2 PD dwn @ 5:00 p.m. Disp w/1% KCL wtr. Nipple dwn and set 80,000 on slips.

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

SIGNED

TITLE Senior Regulatory Analyst

DATE 12/2/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE FEB 06 1986

CONDITIONS OF APPROVAL, IF ANY:

OIL CON. DIV.
DIST. 3

*See Instructions on Reverse Side