

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER  | 5. LEASE DESIGNATION AND SERIAL NO.<br>SF-078049                       |
| 2. NAME OF OPERATOR<br>Tenneco Oil Company  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                   |
| 3. ADDRESS OF OPERATOR<br>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.*<br>See also space 17 below.)<br>At surface<br>1070' FNL, 1806' FWL | 8. FARM OR LEASE NAME<br>Hughes A LS                                   |
|   | 9. WELL NO.<br>3A  |
|   | 10. FIELD AND POOL, OR WILDCAT<br>Blanco Mesaverde                     |
|   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 27, T29N, R8W |
| 14. PERMIT NO.  | 12. COUNTY OR PARISH<br>San Juan                                       |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6639' GL  | 13. STATE<br>NM  |

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

SEP 25 1985

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

|                       |                          |                 |                          |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/> |
| FRACTURE TREATMENT    | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT*    | <input type="checkbox"/> |
| (Other) Dual PC zone  | <input type="checkbox"/> |                 | <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.)\*

9/18/85 Killed PC w/2% KCL wtr. RIH w/94 jts, 1-1/4" tbg, production tube and seating nipple 1 jt off btm. Landed same at 3249 KB. NDBOP NUWH pump out check valve from long string. Pumpout plug on short string. Kick well around w/nitrogen. Left well FTCU. REMOSU.

RECEIVED

OCT 02 1985

OIL CON. DIV.  
DIST. 3

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

SIGNED

*John McKinnon*

TITLE Senior Regulatory Analyst

DATE

9/23/85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

OCT 01 1985

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA  
BY *Sm*