

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"/> |  | 2. NAME OF OPERATOR<br>Tenneco Oil Company                |  | 3. ADDRESS OF OPERATOR<br>P.O. Box 3249 Englewood, CO 80155 |  | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>790' FNL 1800' FEL |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>SF-078414 |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME               |  |
| 14. PERMIT NO.                                                                                                   |  | 15. ELEVATIONS (Show whether DF, RT, OR, etc.)<br>7471 G: |  | 7. UNIT AGREEMENT NAME                                      |  | 8. FARM OR LEASE NAME<br>Day A LS                                                                                                                             |  | 9. WELL NO.<br>37R                               |  | 10. FIELD AND POOL, OR WILDCAT<br>Blanco Mesaverde |  |
|                                                                                                                  |  |                                                           |  |                                                             |  | 11. SEC., T., R., M., OR BLK. AND<br>SUBDIVISION OR AREA<br>Sec 8 T29N R8W                                                                                    |  | 12. COUNTY OR PARISH<br>San Juan                 |  | 13. STATE<br>NM                                    |  |

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

NOTICE OF INTENTION TO:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PCLL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT (E ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANE <input type="checkbox"/>         |
| (Other) <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 checked="" type="checkbox"/> |
| (Other) <input type="checkbox"/>               | Drilling <input checked="" 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.)\*

07/22/88-- WOC. MIRU, drill rat & mouse hole. Spud well 1:45 p.m. 7/21/88. Set & cmtd 6 jts 9-5/8 sfs csg landed @ 263 w/200sx (240ft<sup>3</sup>) cmt. PD 7 p.m. 7/21/88, circ cmt to sfs, float did not hold, SI well; WOC. Cutoff 9-5/8, NU wellhead. Svys: 1/2 deg @ 124, 1/4 deg @ 245.

07/23/88-- Dr1 & svy. Svys: 1 deg @ 735, 3/4 deg @ 1266, 1 deg @ 1765.

07/24/88-- Dr1 & svy. Svys: 1-1/4 deg @ 2266, 1 deg @ 2766.

07/25/88-- NUBOPE. Cmtd 7" int. csg in 2 stages. 1st stage: 83 jts 7", set @ 3571 w/161sx (193ft<sup>3</sup>) cmt & 20 bbls mud flush. Stage tool @ 2645. PD 10:30 p.m., full returns, open stage tool, circ & WOC 4 hrs. Cmtd 2nd stage w/415sx (498ft<sup>3</sup>) cmt & 20 bbls mud flush. PD @ 3:30 a.m., circ cmt to sfs, set slips & cut off 7".

07/26/88-- Dr1 & svy. Svys: 3/4 deg @ 3788 & 4292.

07/27/88-- Dr1 & svy. Svys: 3/4 deg @ 4793, 1/2 deg @ 5290. Notified Ken Townsend, BLM, of 4-1/2" liner job 11 a.m. 07/26/88.

07/28/88-- Rel rig 4 a.m. 07/28/88. POOH for open hole logging program. Ran DIL-GR - 5796-3565, CDL-GR-CAL - 5801-3565. RU & ran 57 jts 4-1/2 csg, set @ 5805, top of liner @ 3421. Cmtd w/280sx (336ft<sup>3</sup>) cmt. PD 11:15 p.m. 07/27/88. Rev out 20 bbls C.W. POOH, LDDP, NDBOPE, install wellhead and rel rig.

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

SIGNED [Signature]

TITLE Sr. Administrative Analyst DATE 8/3/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instructions on Reverse