

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 800' FSL, 975' FEL		8. FARM OR LEASE NAME Hughes A 1 S	
14. PERMIT NO.		9. WELL NO. 1A	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6368' GL		10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 33, 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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Complete PC zone

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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.)*

9/9/85 MIRUSU. Blow well down. Kill Mesaverde with 1% KCL water. NDWH. NUBOP. Tagged sand fill at 5555'. Rigged up nitrogen and cleaned out to PBDT at 5589'. Set Baker 7" Model D packer with expendable plug at 3053'. Dumped 2 sxs sand on packer. Loaded hole with 2% KCL water and pressure tested packer to 2500 psi. Held o.k. Ran cased hole Gamma Ray CNL-CCL from 3050' to 1050.

9/10/85 NDBOP. Install dual adapter spool on tubinghead. NUBOP. Pressure tested spool to 2500 psi. Held o.k. Rigged up wireline and perforated PC with 4" premium charged casing gun and 2 JSPF as follows: 2875-80', 2888-2918' 2924-28' 2933-44'. Total of 50 ft and 100 holes. RIH w/2-3/8" tubing, seating nipple and Baker 7" fullbore packer. Set packer at 2770' and pressure tested backside to 500 psi. Held o.k. Established rate into PC perfs with 2% KCL water at 5 BPM at 2000 psi. Acidize PC w/2000/gal 15% weighted HCL and 150 1.1 specific gravity balls at 5 BPM at 1200 psi. POOH w/tbg and pkr. Foam frac PC down csg w/75,000 gal. of 70 Q foam 2% KCL wtr and 131,000# of 20/40 sd at 30 BPM and 1150 psi. ISIP: 1150; 15 min. ISIP: 1110 psi.

9/11/85 RIH w/2-3/8" tbg, seal assembly, F Nipple w/expendable check valve, mule shoe production tube and blast jts. Cleaned out to Model "D" pkr at 3053' w/nitrogen foam. Attempted to knock out expendable plug out of pkr. Worked pipe.

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

SIGNED

Scott McKinn

TITLE Senior Regulatory Analyst

DATE

9/19/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

RECEIVED

ACCEPTED FOR RECORD

DATE

OCT 02 1985

OCT 03 1985

*See Instructions on Reverse Side

OIL CON. DIV
DIST. 3

FARMINGTON RESOURCE AREA

BY

sm

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		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 800' FSL, 975' FEL		8. FARM OR LEASE NAME Hughes A LS
14. PERMIT NO.		9. WELL NO. 1A
15. ELEVATIONS (Show whether DF, RT, GL, etc.) 6368' GL		10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, 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) Complete PC zone	
(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.) *

9/12/85 RIH w/2-3/8" tbg and Model "D" seal assy w/1/2 mule shoe production tube on bottom w/1.81" F nipple and expendable chec valve 1 jt off bottom. Landed tbg in pkr at 3053' w/tail at 5543'. Ran blast jts across PC perfs. Landed long string w/10,000# compression. Nipple up offset spool and rigged up 1-1/4" tbg. RIH w/1-1/4" tbg., and SN, pump out plug and perf'd orange peeled sub on bottom. Landed short string at 2937'. NDBOP. NUWH. RDMOSU.

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

SIGNED

TITLE Senior Regulatory Analyst

DATE

9/19/85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 02 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY *SMW*