

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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 each proposal.)

1. <b>OIL WELL</b> <input type="checkbox"/> <b>GAS WELL</b> <input checked="" type="checkbox"/> <b>OTHER</b>		5. <b>LEASE DESIGNATION AND SERIAL NO.</b> SF-078596
2. <b>NAME OF OPERATOR</b> Tenneco Oil Company		6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b>
3. <b>ADDRESS OF OPERATOR</b> P. O. Box 3249, Englewood, CO 80155		7. <b>UNIT AGREEMENT NAME</b>
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1090' FNL, 1160' FWL		8. <b>FARM OR LEASE NAME</b> Florance
14. <b>PERMIT NO.</b>		9. <b>WELL NO.</b> 35
15. <b>ELEVATIONS</b> (Show whether OF, ST, OR, etc.) 6393' DF		10. <b>FIELD AND POOL, OR WILDCAT</b> Blanco Mesaverde/ Basin Dakota
		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 18, T30N, R8W
		12. <b>COUNTY OR PARISH</b> San Juan
		13. <b>STATE</b> 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"/>	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"/>	

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) T&A Dakota	

(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.)

08/15/84: MIRUSU. Kill well. NDWH. NUBOP. Attempt to POOH. Tbg stuck @ S/A. RU & RIH w/tbg cutter. Fnd frept @7338.' Made cut @7317.' Attempted to pull. Tbg still stuck. Made 2nd cut @7114.' Pipe came free. POOH w/37 stds.

08/16/84: RIH w/cmt retnr on tbg to 7060.' Set retnr @7060.' Press tst tbg to 2000psi. Held o.k. Mixed 20 sxs Class B cmt w/.6% CFR2. Stung out of retnr & spotted cmt to retnr. Sting into retnr. Pmpd less than 1 bbl. Stung out of retnr & POOH w/tbg. Laid dn 57 jts. Estimated TOC @6810.' RIH w/68 jts of 2-3/8" tbg, S/N 2 jts off btm. Landed tbg @5317.' NDBOP. NUSW. RDMOSU.

RECEIVED

AUG 29 1984

OIL CON. DIV.  
DIST. 3

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

SIGNED

TITLE Sr. Regulatory Analyst

DATE 8/17/84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 29 1984

NM000

\*See Instructions on Reverse Side

EARMINGTON RESOURCE AREA