

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. NM-0468126	
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 2310' FNL 330' FWL		8. FARM OR LEASE NAME Central Totah	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, ST, OR, etc.) 5740' GL		10. FIELD AND POOL, OR WILDCAT Totah Gallup	
		11. SEC., T., R., N., OR S.E. AND SUBST OR AREA Sec 28 T29N R13W	
		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"/>	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 PLANE	<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 ACIDISING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<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.)\*

4/19/88— MIRUSU. NDWH. NUBOP. Tally OOH w/tbg. Tbg had parted @ 3269'. Contact Steve Mason w/BLM for procedure change and approval. RIH w/tbg, cmt retainer. Set cmt retainer @ 3200. SDON.

4/20/88— Circ hole w/9.2 mud. Sting into retainer. Establish rate into formation. 4 BPM @ 900 psi. Pumped 345ft<sup>3</sup> cmt below retainer. Sting out of cmt retainer. Dumped 75ft<sup>3</sup> Class B Neat on top of retainer. Pulled up to 1800'. Spot 103ft<sup>3</sup>, plug up to 645'. PU to 253', spot 24ft<sup>3</sup> plug from 253' to surface. Tied onto bradenhead. Pumped 69ft<sup>3</sup> into bradenhead. Max squeeze pressure - 500 psi. NDBOP. Filled to surface csg w/cmt. RDMOSU. All plugs were displaced w/9.2 mud. Procedure was approved by Steve Mason, BLM in Farmington.

RECEIVED  
BLM MAIL ROOM  
88 MAY -4 AM 10:18  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

Approved as to procedure of work by BLM.  
Utility and/or other work to be done  
surface restoration is completed.

RECEIVED  
MAY 09 1988  
OIL CON. DIV.  
DIST. 3

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

SIGNED [Signature]

TITLE Sr. Administrative Analyst

DATE 4/27/88

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE MAY 4 1988

\*See Instructions on Reverse Side

NMOCC