

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on Form 8-531)Budget Project No. 42-R1424  
5. LEASE DESIGNATION AND SERIAL NO.

NM-012711

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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                                                          | 7. UNIT AGREEMENT NAME                                                 |
| 2. NAME OF OPERATOR<br>Tenneco Oil Company                                                                                                                                | 8. FARM OR LEASE NAME<br>Lawson                                        |
| 3. ADDRESS OF OPERATOR<br>720 So. Colorado Blvd., Denver, Colorado 80222                                                                                                  | 9. WELL NO.<br>1                                                       |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1050' FSL and 905' FWL, Unit M | 10. FIELD AND POOL, OR WILDCAT<br>Blanco Mesa Verde                    |
| 14. PERMIT NO.                                                                                                                                                            | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 10, T30N, R8W |
| 15. ELEVATIONS (Show whether DF, RT, CR, etc.)<br>5839' GR                                                                                                                | 12. COUNTY OR PARISH<br>San Juan                                       |
|                                                                                                                                                                           | 13. STATE<br>N.M.                                                      |

## 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 checked="" 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)                                                                                               |                                     |                 |                          |
| (Other)             |                          |                      |                          | (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.)\*

RUPU. Blew tbg. & csg. Located csg. holes 767' - 1031'. Pumped 75 Bbls. wtr. @ 4 BPM dn. tbg. & circulated. Pumped 180 sacks Haliburton Light, followed by 125 sacks CL B Neat, & 2% CaCl. Displ. cmt. to 405' w/4 Bbls. wtr. Had good circ., but did not get cmt. to surf. Squeezed w/6 Bbls. in 8 stages to 250 PSI. Held 600 PSI on sqz. Drld. out cmt. 536-755. Circ. hole cln. Drld. hard cmt. to 1010' & stringers to 1070'. Press to 600 PSI for 15 min. Held OK. Reversed hole cln. w/225 Bbls. fr. wtr. RIH & set pkr. @ 4168'. F nipple run on bottom @ 4973'. Set tree. Rel. rig & cln. up location.



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

SIGNED

*Charles J. Watkins*

TITLE: Administrative Supervisor

DATE: 8/22/78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

KIDM000