

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME Atlantic
3. ADDRESS OF OPERATOR P. O. Box 3249, Englewood, CO 80155	9. WELL NO. 1E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1030' FNL, 840' FWL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO. 30-045-25860	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 34, T31N, R10W
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 6213' GR	12. COUNTY OR PARISH San Juan
	13. STATE NM

RECEIVED

JAN 16 1985

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"/>

PULL OR ALTER CASING

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

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<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.)\*

1/8/85: RIH w/ tbg & s/a./drill out sqz @ 3100 & 4400, PT to 500 psi, OK. RIH w/ tbg to model D pkr. Found SD on top of pkr.

1-9-85: RIH w tbg, SN & seal ASSY. Knock out exp plug in prod pkr. Land 2 3/8 tbg @ 7372 w/ SN 1 jt off BTM. NDBOP, NUWH. RDMOSU.

RECEIVED  
FEB 15 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED

*[Signature]*

TITLE

Sr. Regulatory Analyst

DATE

1-10-85

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD

DATE

FEB 05 1985

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RY

*[Signature]*