

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other Instructions on Reverse Side)

Form approved.  
Budget Bureau No. 42-11424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-077974

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lodewick

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Fulcher-Kutz PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 18, T27N, R9W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

1860 Lincoln St. Suite 1200, Denver, Colorado 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)

At surface

990'FSL and 990'FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, GR, etc.)

6477.9'GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☒

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☒

ABANDON\*

☐

REPAIR WELL

☒

CHANGE PLANS

☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT\*

☐

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recore Completion 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.)\*

We propose to do a workover on this well as follows:

1. Rig up and pull 1" syphon string. Use SLM to check TD rather than 1" tubing.
2. Run 3½" O.D. regular tubing w/notched collar and baffle in notched collar. Use foam to clean out cavings if necessary to set tubing through a minimum of 90% of the open hole. Reverse circulate with foam.
3. Pump 20 bbls. water to insure baffle is open. Cement 3½" tubing with 75 sxs. 65 cmt-35 poz, containing 12% gel and 12½ #/SX Kolite/Gilsonite, followed by 25 sxs. reg. cement containing 4% gel, 2% CaCl and 12½ #/SX Kolite/Gilsonite. Attempt to circulate cement to surface. WOC 12 hrs. to perforate. Do not use centralizers. Bump plug on baffle and hold pressure 6 hours. Do not over-displace.
4. Run GR-Neutron correlation log. Run 1½" tubing and spot 100 gals. DI 15% HCL. Pull tubing. Perforate 1 hole/ft. in cleanest sand sections. Minimum of 20 holes.
5. Frac down 3½" casing using 25,000 gals. 70% quality foam and 30,000# 10/20 sand @20 BPM. After wellhead pressure has fallen 250 PSI below shut in, slowly open well and recover water and broken nitrogen. Treatment water should be 1% KCl.
6. Run 1½" tubing to approximately 20' of PBD. Return well to production.
7. Clear location of debris.

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

SIGNED

TITLE Div. Production Manager

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FLB 7 1977

\*See Instructions on Reverse Side

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION  
P.O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 05-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>TENNECO OIL COMPANY</b>	
Address <b>P.O. BOX 3249, ENGLEWOOD, COLORADO 80155</b>	
Reasons for filing (Check proper box): <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Other (Please explain): <b>THE TRANSPORTER'S NAME CHANGED FROM SOUTHERN UNION TO SUNTERRA</b>	

If change of ownership give name and address of previous owner: \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Lodewick</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Kutz</b>	PC	Kind of Lease State Federal or Fee <b>Federal</b>	Lease No. <b>SE 077974</b>
Location Unit Letter: _____ : <b>990</b> Feet From The <b>South</b> Line and <b>990</b> Feet From The <b>East</b>					
Line of Section <b>18</b> Township <b>27N</b> Range <b>9W</b> NMPW <b>San Juan</b> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>SUNTERRA GAS GATHERING COMPANY</b>	<b>P.O. BOX 1899, BLOOMFIELD, NM 87413</b>	
If well produces oil or liquids, give location of tanks	Unit	Sec
	Top	Age
is gas actually connected?		When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

*Steve Duran*  
(Signature)  
**ADMINISTRATIVE SUPERVISOR**  
(Title)  
**6/29/87**  
(Date)

OIL CONSERVATION DIVISION  
APPROVED **JUL 20 1987**, 19\_\_\_\_  
BY *James J. Sherry*  
TITLE **SUPERVISION DISTRICT # 8**  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable or new and recompleted wells.  
Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

