

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 ☐ GAS WELL ☒ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. SF-077107	
2. NAME OF OPERATOR Ienneco 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 1190' FNL, 790' FWL		8. FARM OR LEASE NAME Michener A LS	
14. PERMIT NO. 30-045-26595		9. WELL NO. 5A	
15. ELEVATIONS (Show whether) 6316' GL		10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde	
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T28N R9W	
		12. COUNTY OR PARISH San Juan	
		18. STATE NM	

RECEIVED

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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 PLANE ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) Progress report ☐	

(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.) *

12/8/85 MIRU, spud @ 7 pm. Drl 12-1/4 surf hole. RU & run 7 jts 9-5/8, 36# K-55 csg, set @ 302. Cmt w/250 sx CL-B + 2% CaCl + 1/4#/sx celloflake. PD @ 4 a.m. @ 400 psi. 20 BBL to surf. (295CF)

12/9/85 BU BOP. Test blind rams to 1000, 30 min, o.k. WOC. TIH, tst pipe rams to 1000, 30 min, o.k. WOC. Drl plug & cmt.

12/11/85 Drl, surv, circ & cond, TOH for logs. RU gearhart & run: 1st log; GR-SP-DLL; 2nd log: GR-CDL-CNL-CAL. TIH, 75' fill.

12/12/85 TIH, Wash 90' to btm, circ, LDDPDC. Change rams. RU & run 70 jts 7", 23# STC csg. Shoe @ 2949, FC @ 2905. Circ & cmt w/365 sx (672CF) 65:35 + 2% CaCl + 1/4# celloflake & 100 sx (118CF) CL-B + 2% CaCl + 1/4# Celloflake 1/2 to 3/4 returns. NDBOP, Cut off 7". NU BOP & tst blowline. WOC & run temp surv. TOC 600'. Tst rams 1000 - o.k. Drl cmt.

12/14/85 Drl & surv to TD. TOOH to log. Run GR-GIL fr 2950-5146; GR-CDL-CL fr 2950-5146. RU & run 72 jts (2330') 4-1/2" 10.5# K-55 STC. FS @ 5143, FC @ 5108. Top of liner hang @ 2798. Set liner, cmt w/175 sx (322CF) 65:35:6 + .6% WL + 150 sx (177CF) CL-B neat w/.6% WLA. Displ w/57 BW. PD @ 2:00 a.m. 12/15/85, No cmt to surf. LDDP NDBOP. Rel rig @ 6:00 a.m. 12/15/85.

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

SIGNED [Signature]

TITLE Senior Regulatory Analyst

DATE 12/17/85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

NMOCC