

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Tenneco Oil Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 3249, Englewood, CO 80155</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1450' FNL, 1750' FWL</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF-078046</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Hughes LS</p> <p>9. WELL NO. 7A</p> <p>10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T29N, R8W</p> <p>12. COUNTY OR PARISH 13. STATE San Juan NM</p>
<p>15. ELEVATIONS (Show whether in Farmington Resource Area) 5445' GL</p>	<p>RECEIVED OCT 02 1985 BUREAU OF LAND MANAGEMENT</p>

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 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 PLANE <input type="checkbox"/>	(Other) Dual PC zone	
(Other) <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.)*

9/18/85 MIRUSU. NDWH NUBOP. Tag fill at 5652' KB (15' to fill). CO to PBDT w/foam.

9/19/85 RIH w/Model D pkr w/expendable plug on wireline. Tag top of liner at 3199'. Roll hole w/2% KCL wtr. Trip out of hole w/tbg. Finish loading hole from surface. Pressure test csg to 2500 psi for 10 min. Held o.k. Run CNL log from 3194'-1100'.

9/20/85 RU gearhart. Perforate PC as follows w/4" premium charge csg gun w/2 JSPF: 3006-40', 3086-96'. Total of 44 ft, 88 holes. RIH w/fullbore pkr & tbg to 2860'. PT BS to 500 psi. RU Nowasco. Acidize and ball off w/2000 gal 15% HCL and 132 1.1 s.g. ball sealers. ATR = 7 BPM @ 2100 psi. Good ball action. RIH w/tbg and pkr to 3170', to knock ball off perfs. PUH to 2860'. Blow hole dry w/N2. Frac w/80,000 gal, 136,000# 20/40 sand ATR = 30 BPM, ATP = 1090 psi ISIP = 1100 psi, 15 min SIP = 980 psi.

9/21/85 Kill PC w/20 bbls 2% KCL wtr. RIH w/longstring 2-3/8" tbg. Landed at 5406' KB. RIH w/92 jts 1-1/4" tbg, perfd & BP sub, SN and pump-out plug. Landed 1-1/4" at 3055' KB. NDBOP. NUWH. RDMOSU.

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

SIGNED *Scott M. King* TITLE Senior Regulatory Analyst DATE OCT 03 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE OCT 03 1985

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA
BY *Swann*

*See Instructions on Reverse Side
NMOCC