

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
Tenneco Oil Company
3. ADDRESS OF OPERATOR
720 S. Colo. Blvd., Denver, CO 80222
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
990'FSL, 990'FEL, Unit P
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) Workover			

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.)*

2/13/80

We propose to fracture treat the Mansfield #3 well. A detailed procedure is attached.

5. LEASE
SF-076934
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Mansfield
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Blanco Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 19; T30N; R9W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type

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

SIGNED Carley Statton TITLE Admin. Supervisor DATE 2/14/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE

RECEIVED
FEB 26 1980
OIL CON. COM.
DIST. 3

APPROVED
FEB 25 1980
JAMES F. SIMS

DISTRICT OIL & GAS SUPERVISOR

*See Instructions on Reverse Side

LEASE Mansfield

WELL NO. 3

8-5/8 "OD, 24 LB, J-55 CSG.W/ 100 CX

TOC @ _____

126'

3-1/2 "OD, 9.2 LB, J-55 CSG.W/ 275 SX

TOC @ _____

DETAILED PROCEDURE

1. Blow well down to atmosphere & kill w/1% KCl water.
2. Run TDT log.
3. RIH w/1-1/4" IJ tbg & circ hole clean. Spot 250 gals 15% DI HCL across zone & POOH.
4. Perf zones indicated by TDT w/2 JSFF.
5. Establish rate into perfs. Frac as follows:
 - a. 500 gals 15% HCl
 - b. 180 bbls 70 quality foam.
 - c. 25,000 gals foam w/30,000# sand (10-20).
 - d. Flush to bottom perf w/foam.
6. Flow back to pit after pressure drops 300 psi.
7. CO to PBTD w/N₂. Land tubing 1 jt above PBTD. Blow well through tubing to pit.

LOGED

4" 2.4"

15 IJ

10 tbg.

11-07

THPE

2870'

2843'
PBTD