

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 | 5. LEASE DESIGNATION AND SERIAL NO. NM-016746 |
| 2. NAME OF OPERATOR Tenneco 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 1850' FNL, 1980' FWL | 8. FARM OR LEASE NAME Horton |
| 14. PERMIT NO. | 9. WELL NO. 1 |
| | 10. FIELD AND POOL, OR WILDCAT Basin Dakota |
| 15. ELEVATIONS (Show whether on RT, CR, etc.) 6194' GL | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T31N R9W |
| | 12. COUNTY OR PARISH San Juan |
| | 13. STATE NM |

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DEC 19 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

| | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|-------------------------------------|-----------------|-------------------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input checked="" type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input checked="" type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) | <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.) *

12/11/85 RU Dowel Schlumberger. Unload fluid in hole w/N2. Load annulus & tbg w/N2. Catch press. Pmp N2 dn annulus @ 1000 SCF/min. Pmp 2000 gals 15% HCl w/.2% F78 w/.1% A250 dn tbg @ 2-1/2 BPM, N2 dn tbg @ 2500 SCFM. ATP = 2700 psi. ISIP = 3100 psi. Shut well in for 30 mins. Opened well @ 11:30 a.m. Blow well dn. Flow well for 4-1/2 hrs.

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FEB 10 1986
OIL CON. DIV.
DIST. 9

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

SIGNED

John McKinn

TITLE Senior Regulatory Analyst

DATE

12/16/85

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

FEB 05 1986

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

NMOCC