

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-080917	
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 1030' FNL, 840' FWL		8. FARM OR LEASE NAME Atlantic	
14. PERMIT NO. 30-045-25860		9. WELL NO. 1E	
15. ELEVATIONS (Show whether of ft. or etc.) 6213' GR		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T31N, R10W	
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. COUNTY OR PARISH San Juan	
		13. STATE NM	

RECEIVED

JAN 16 1985

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(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.) *			

1/2/85: Kill well w/1% KCL CO fill to PBTD. H=RIH w/wl set model D 7" prod pkr & set @ 5317. Shot 4 SQZ holes 4400-04. RIH w/7" fullbore & set @ 4150. SQZ w/100 sxs RFC & 100 sxs CL-B + 2% CaCl₂ + .6% D60. Got SQZ w/190 sx behind SCG. Max SQZ press 1500. PU pkr 2 stds re-set & re press 1500 PSI. SC 10 hrs. WOC. ran temp survey, TOC @ 3650.

1/3/85: PT CSG to 1500 PSI. Perf SQZ holes 3100-04 w/1SPF. RIH w/fullbore pkr & set @ 2850. SWZ w/ 325 sxs CL-B + .6% D60. Got 305 sx behind CSG. Max press 250. Reverse tbg clean, release & reset pkr. Re press to 250 PSI. SD 10 hrs. WOC. Release pkr. POOH. Ran temp survey, TOC 2850.

1/4/85: RIH w/4" csg gun, perf 2575-79'. Sqz w/350 sx CL-B + .6% D60. Max press 500 psi. Left 75' of cmt on top of holes. Press to 500 psi. WOC.

1/5/85: Ran temp survey, TOC 2170. RIH w/4" csg gun perf 1660-64. Etab rate @ 2 1/2 BPM & 300 psi. Sqz w/300 sx CL-B + .6% D60, max sqz press 1250 psi. Left 75' cmt on top of sqz hole. Press to 1000 psi. WOC. Ran temp survey, TOC 1400.

1-7-85: Drlg out sqz./RIH w/ tbg & 6 1/4 bit w/ 7" csg scraper. Drill top sqz. PT to 500 psi, OK. RIH. Tag cmt on top of 2nd sqz, drill out. PT 500 psi, OK. RIH to top of 3rd sqz. Brk circ.

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

SIGNED Scott M. Kelly

TITLE Sr. Regulatory Analyst

DATE 1-10-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

FEB 15 1985

DATE FEB 05 1985

OIL CON. DIV.

FARMINGTON RESOURCE AREA

*See Instructions on Reverse

BY SM

NMOC