

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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.)

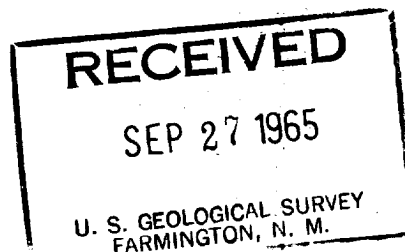
|  |  |  |
|--|--|--|
| 1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>Jicarilla Cont. 109             |
| 2. NAME OF OPERATOR<br>Tenneco Oil Company   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>Jicarilla Dulce, N.M.          |
| 3. ADDRESS OF OPERATOR<br>Box 1714, Durango, Colorado  |  | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>990' FSL 860' FWL |  | 8. FARM OR LEASE NAME<br>Jicarilla B                                   |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>3   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6594 CR  |  | 10. FIELD AND POOL, OR WILDCAT<br>Basin Dakota                         |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 15, T26N, R5W |
|  |  | 12. COUNTY OR PARISH   13. STATE<br>Rio Arriba   N.M.                  |

**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"/>  |  |
| (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.)\*

Moved in compl. rig 9-12-65. Drilled out DV tool cleaned out to 7554. Spotted 400 gal acid on bottom. Logged. Perf 4 holes/ft 7542-36 and 7507-02. Frac perfs 7542-02 w/60,000 lbs sand and 75,000 gal wtr. Perf w/2 HPF 7413-16, 7448-52, 7455-66. Frac w/33,000 lbs sand and 44,000 gal wtr. Perf 7319-7351 w/4 HPF. Spotted 200 gals acid. Frac w/42,000 lbs sand and 56,500 gals wtr. Ran 2-3/8 EUE tubing set at 7541. Installed tree and released rig 9-17-65. Job complete. Testing.



18. I hereby certify that the foregoing is true and correct  
 Original Signed By  
 SIGNED HAROLD C. NICHOLS TITLE Senior Production Clerk DATE 9-22-65  
H. C. Nichols  
 (This space for Federal or State office use)

APPROVED BY GW TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY: