

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. CONTRACT 108
2. NAME OF OPERATOR TENNECO OIL E & P	6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA
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 960' FNL, 960' FEL	8. FARM OR LEASE NAME JICARILLA C
14. PERMIT NO.	9. WELL NO. 5M
15. ELEVATIONS (Show whether DF, ST, OR, etc.) 6652' GR	10. FIELD AND POOL, OR WILDCAT BASIN DAKOTA/BLANCO MV
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA SEC 24, T26N, R5W
	12. COUNTY OR PARISH RIO ARRIBA
	13. STATE NM

RECEIVED

JUN 23 1986

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"/>	

SUBSEQUENT REPORT OF:

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

Jicarilla C5M
6/13/86 OA:

MIRUSU. Kill well w/1% KCl. NDWH. NUBOP. Unseat the Bowen tbg patch. POOH w/tbg, laying down blast jts and subs. SDON.

6/14/86 6/15/86

OA: RIH w/tbg, jars, DC, and washover pipe. Cleaned out to the top of Baker Model F1 packer w/foam. POOH w/jars, washover pipe, tbg, and DC. Run back in the hole w/tbg, jars, and overshot, and DC. Caught fish and jarred it loose. POOH. Had all the fish, and BHA. LD the DC, washover pipe. SDON.

6/16/86 OA: SD for weekend.

6/17/86 OA: RIH w/tbg, mule shoe, production tube, and seal assembly. Land seal assembly and packer w/12000# compression. NDBOP. NUWH. Flush well w/750 gal 15% DI HCl. Let sit for 1-1/2 hrs. Made 4 swab runs, the last two from the SN. RDMOSU. Turn well over to EPS.

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

SIGNED

TITLE

SR. ADMIN. ANALYST

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

RECEIVED
JUL 08 1986
OIL CON. DIV.

JUL 03 1986

DATE

FARMINGTON RESOURCE AREA

BY

Smn

*See Instructions on Reverse Side

NMOCCL