

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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. T-149-IND-9108
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 790' FSL, 790' FWL	8. FARM OR LEASE NAME Delhi Taylor D
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T26N, R11W
14. PERMIT NO.	12. COUNTY OR PARISH 13. STATE San Juan NM
15. ELEVATIONS (Show whether in feet or meters) 6362' GL	

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)*

Tenneco requests permission to clear up formation damage according to the attached detailed procedure.

SEP 19 1985
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature]

TITLE Senior Regulatory Analyst

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

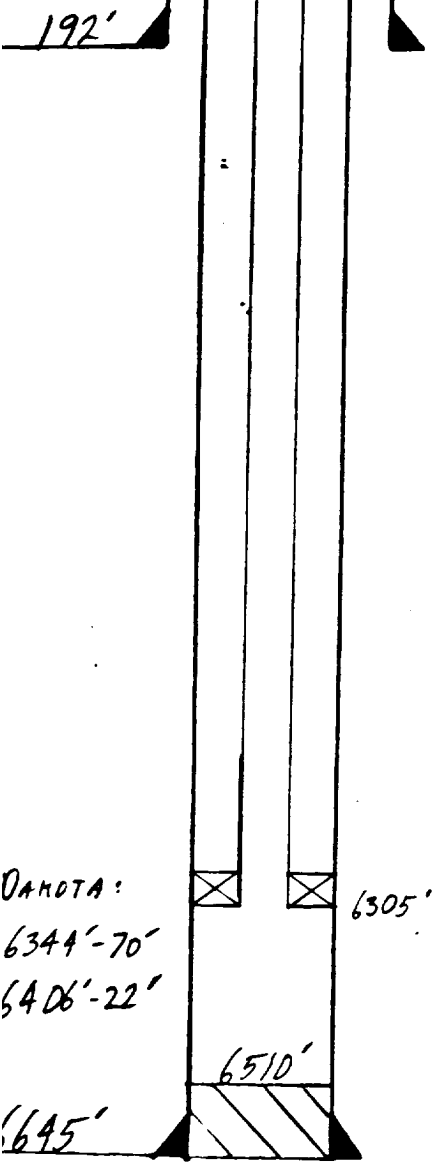
DATE 9/5/85

SEP 17 1985

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC



O468/3
LEASE Delhi Taylor D
WELL NO. 1

CASING:

10 3/4 "OD, 32.75LB, J-55CSG.W/ 125 SK
TOC @ Surf . HOLE SIZE DATE
REMARKS

N-80

7 "OD, 23 LB, J-55CSG.W/ 200/100 SK
1675'
TOC @ 4780' . HOLE SIZE DATE
REMARKS DV Tool @ 2017'

"OD, LB, CSG.W/ SK
TOC @ . HOLE SIZE DATE
REMARKS

TUBING:

2 3/8 "OD, 4.7 LB, J-55 GRADE, 8R RD, EUE CPLG
LANDED @ 6305 . SN, PACKER, ETC. Pkr @ 6305
SN 1 JT. off bottom.

DETAILED PROCEDURE:

1. Blow well down. PT csg. to 500 psi.
2. Acidize down 2-3/8" tbg @ \pm 3 BPM as follows:
5000 SCF N₂ PAD
5000 gal 7-1/2% inhibited HCL w/iron sequestering agent, surfactant and 1000 SCF N₂/BBL. Displace to top perf w/N₂. Hold 500 PSI on BS throughout job. Max. Inj. press. = 3000 PSI.
3. Blow well back to pit.
4. Rig up swabbing unit and swab back immediately. FTCU.
5. Return to production.