

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 077382

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. GIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME Hargrave A
3. ADDRESS OF OPERATOR 1850 Lincoln St. Suite 1200, Denver, Colorado 80295		9. WELL NO. #3
4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  990' FHL and 1650' FEL		10. FIELD AND POOL, OR WILDCAT Fulcher-Kutz PC
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6086' R.T.	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 16, T27N, R10W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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

We propose to do a workover on this well as follows:

1. Rig up and pull 1" syphon string. Use SLM to check TD rather than 1" tubing.
2. Run 3 1/2" O.D. regular tubing w/notched collar and baffle in notched collar. Use foam to clean out cavings if necessary to set tubing through a minimum of 90% of the open hole. Reverse circulate with foam.
3. Pump 20 bbls. water to insure baffle is open. Cement 3 1/2" tubing with 75 sxs. 65 cmt-35 poz, containing 12% gel and 12 1/2 #/SX Kolite/Gilsonite, followed by 25 sxs. reg. cement containing 4% gel, 2% CaCl and 12 1/2 #/SX Kolite/Gilsonite. Attempt to circulate cement to surface. WOC 12 hrs. to perforate. Do not use centralizers. Bump plug on baffle and hold pressure 6 hours. Do not over-displace.
4. Run GR-Neutron correlation log. Run 1 1/4" tubing and spot 100 gals. DI 15% HCL. Pull tubing. Perforate 1 hole/ft. in cleanest sand sections. Minimum of 20 holes.
5. Frac down 3 1/2" casing using 25,000 gals. 70% quality foam and 30,000# 10/20 sand @20 BPM. After wellhead pressure has fallen 250 PSI below shut in, slowly open well and recover water and broken nitrogen. Treatment water should be 1% KCl
6. Run 1 1/4" tubing to approximately 20' of PBD. Return well to production.
7. Clear location of debris.

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

SIGNED \_\_\_\_\_ TITLE Div. Production Manager DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
FEB 7 1977

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY

*OK*