

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1714, Durango, Colorado 81301		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 1745 FSL, 1475 FEL, Unit		8. FARM OR LEASE NAME M. Morris Com.	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6278 Gr.		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 10, T-27-N, R-10-W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

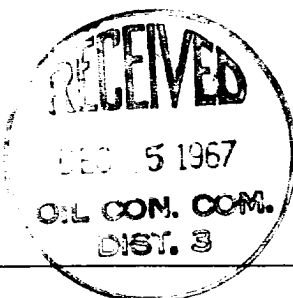
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

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

11/19. Moved in service rig. CO to 6745 PBTD. Pressure tested csg to 4,000 psi, held OK. Perf 6714-20 w/1/ft. 6674-78 w/1/ft., 6668-72, 6650-56 w/1/ft. Set BP @ 6740, pkr @ 6700. Injected balls & acid. Frac w/80,000# sd & 90,000 gallons water. Injection rate 73 BPM @ 2800 psi. Perf 6596-6602 w/2/ft. 6562-66 w/2/ft., acidized w/500 gals 15% HCL. Frac w/40,000# sd in 50,000 gals wtr, injection rate 70 BPM, avg pressure 3100 psi. CO to 6685. Circ frac sand out. Ran 217 joints 2-3/8" 4.7# tbg set @ 6700. Released rig @ 6:00 PM 11/20/67. WO Test.



RECEIVED

DEC 4 1967

U. S. GEOLOGICAL SURVEY
FARMINGTON, N.

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

SIGNED M. K. Wagner

TITLE _____

DATE November 30

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

USGS (5)
Cont (1)
Pan (2)
Mobil (1)

El Paso (2)

*See Instructions on Reverse Side