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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Tenneco Oil Company

8. FARM OR LEASE NAME
Bolack

3. ADDRESS OF OPERATOR
720 So. Colorado Blvd., Denver, Colorado 80222

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1450 ' FSL and 2510'FWL, Unit K

10. FIELD AND POOL, OR WILDCAT
Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 29, T28N, R8W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5954 ' GL

12. COUNTY OR PARISH
San Juan

13. STATE
NM

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

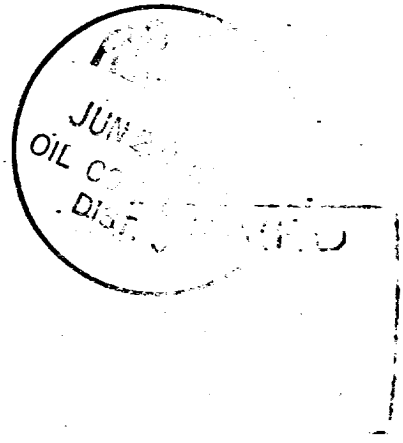
NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	X	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	X	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐				
(Other)				(Other)			

(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.)*

5-25-78 TO 5-31-78

DRL'D CMT TO 6800'. PERF'D DAKOTA FMTN
6642-6660' W/ 1 JSPF, 6737 - 47 W/
2 JSPF, 6797-79 W/ 2 JSPF (58 HOLES).
BRK DN PERFS W/ 2000 GAL 15% ACID.
3450 PSI @ 2 BPM. FRAC'D AS FOLLOWS:
PUMPED 6000 GAL PAD, SWF W/ 59,934 GAL
20 # GEL WTR W/ 45,000 # 20/40 SAND &
10,000 # 10/20 SAND; 2ND STAGE: 42,336
GAL 20# GEL W/ 45,000 # 20/40 SAND &
10,000 # 10-20 SAND. MTP - 3700 PSI, ATP - 3350 PSI.
AIR 39 BPM. ISIP 1500 # 15 MIN - 1200 PSI. 3202
HHP. FLWG TO CLN UP. SITP - 1850 PSI. SICP - 1775 PSI.



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

SIGNED Carley Watson TITLE Administrative Supervisor DATE 6/6/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side