

983)
9-331)

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.)

RECEIVED

OCT 21 1985

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-012200
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 2300' FSL, 790' FEL		8. FARM OR LEASE NAME Dryden LS
14. PERMIT NO.		9. WELL NO. 1A
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5834' GR		10. FIELD AND POOL, OR WILDCAT Undes CH/Blanco MV
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T28N R8W
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <u>Progress Report</u>	
(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 and 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.)*

10/4/85 MI&RU. Drill rat & mouse hole. Drill 12-1/4 hole. Circ. Clean. Drop survey & TOOH. Run 7 jts 294' 9-5/8"-36# K-55 STC csg. LD @ 307' KB. RU B-J & cmt w/225 sx class B & 2% CaCl & 1/1#/sx flocele. Plug down @ 89 pm. 10-4/85. 2-bbl excess cmt. w/225 sx, 251 CF. WOC NUBOP.

10/5/85 Test blind rams to 1500 psi. o.k. Test pipe rams to 1500 psi. o.k. drill cmt. drill & survey.

10/7/85 Ran GR-Dill Fr 3600-307. Ran GR-CAL-CDL-CNL fr 3600-307. Loggers TD 3603.

10/8/85 RU & ran 87 jts (3621') 7" 23# K-55 STC csg, set @ 3604, FC @ 3565, DV @ 1333. Circ cmt w/160 sx (294CF) 65;35:6 + 2% CaCl2 + 1/14#/sx celloflake. Tail w/100 sx (118CF) CL-B + same additives. Good circ. Drop BOMP, open DV, circ no cmt. Cmt 2nd stage w/150 sx (276CF) 65;35:6 + same additives. Tail w/50 sx (59CF) CL-B + same additives, circ 8 bbls flush. Ran temp survey, TOC @ 600. NU BOPE & test, o.k. Drill out, unload csg w/N2, drill out, dry up & drill ahead.

10/9/85 Drill to 4855, Ran GR-DIL fr 4858-3600, ran GR-CAL-CDL fr 4858-3600.

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

SIGNED [Signature] TITLE Senior Regulatory Analyst DATE 10/15/85

(This space for Federal or State office use)

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

RECEIVED
OCT 30 1985

*See Instructions on Reverse Side

NMOCC

OIL CON. DIV.
DIST. 3

983)
9-331)

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.)

RECEIVED

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2300' FSL, 790' FEL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5834' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-012200

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Dryden LS

9. WELL NO.
1A

10. FIELD AND POOL, OR WILDCAT
Undes CH/Blanco MV

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T28N R8W

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:

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) <u>Progress Report</u>	

(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.)*

10/10/85 Finish logging well. RU & ran 34 jts (1416') 4-1/2 10.5# K055 ST&C csg, land @ 4853' TLH @ 3422, FC @ 4811. Blow hole. Cmt w/80 sx (147CF) 65:35:6 + .6% Fluid loss, Tail w/ 100 sx (118CF) CL-B + .6% fluid loss additive. PD @ 1:30 pm. Reversed 8 bbls cmt. Rig released 5 pm.

RECEIVED

OCT 30 1985

OIL CON. DIV.
DIST. 3

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

SIGNED

Scott M. King

TITLE Senior Regulatory Analyst

DATE

10/15/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FOR RECORD

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.