

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.)

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

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
5834' GR

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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"/> | 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 checked="" type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input checked="" type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input 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.)\*

11/22/85 MIRUSU. NDWH. NUBOP Tallied in hole w/88 jts 2-3/8 EUE tbg, bit sub & 3-7/8 bit.

11/23/85 RIH w/tbg. Tag cmt @ 4751. Drld soft cmt to FC @ 4811. PT to 3500, o.k. Roll hole w/1% KCL. Spotted 300 gal 7-1/2% HCL @ 4785. POOH. Ran GR/CCL fr PBTD to 3000. Perf Basal pt lookout w/2 JSPF, gross intr 4570-4785, TOT 20', 40 holes. Acddz w/800 gal WTD 15% HCl & 60 1.1 S.G. balls. Gd ball action. AIR = 40, AIP = 1200. Fracd w/46,500 gal 1% KCl & 43,000# 20/40 sd. AIR = 49, AIP = 600. Flushed @ 22 PBM & 2200 psi. Went on vac.

11/24/85 RIH w/tbg & SN 1 jt off btm. Tagged sd @ 4563. CO to PBTD w/foam. Landed Long string @ 4732. NDBOP. NUWH. Kicked well w/N2. RDMOSU.

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DEC 11 1985  
OIL CON. DIV.  
DIST. 3

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Senior Regulatory Analyst DATE 12/2/85

ACCEPTED FOR RECORD  
DATE

DEC 9 1985

\*See Instructions on Reverse Side

NMOCC