

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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.)

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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 SF-078194
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 1810' FNL, 1750' FEL		8. FARM OR LEASE NAME Ludwick LS
14. PERMIT NO.		9. WELL NO. 16
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6037' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T30N R10W
		12. COUNTY OR PARISH 13. STATE San Juan 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)	

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) Tubing repair	

(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.)*

9/23/85 MIRUSU. Well dead upon arrival. POOH w/rods & pmp. NDWH. NUBOP. RIH & tagged fill @ 7046'. Tallied out of hole w/tbg. Fnd hole in tbg @ 2984'.

9/24/85 RIH w/Mod D BP & Retrieatic pkr on 2-3/8" tbg. Hydrotested tbg in hole to 4000 psi. Fnd 8 tbg leaks. Set BP @ 6800'. Set pkr @ 6772'. Loaded hole w/1% KCl wtr & press tstd plug to 1000 psi. Held o.k. Loaded BS w/1% KCl wtr & press tstd csg to 1000 psi. o.k.

9/25/85 POOH w/tbg & sawtoothed collar. RIH w/BHA & 2-3/8" tbg. Landed @ 7052'. NDBOP. NUWH. RIH w/Axelson 3/4" pump, 12' of 5/8" pony rods, 191 - 5/8" rods, 88 3/4" pony subs. Landed pump @ 7016'. Hung well on. RDMOSU. Final tbg detail:

221 jts 2-3/8" 4.7# EUE tbg 7,005.93'

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OCT 07 1985

OIL CON. DIV
DIST. 3

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

SIGNED Scott McHenry

TITLE Senior Regulatory Analyst

DATE 9/30/85
ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE OCT 03 1985

FARMINGTON RESOURCE AREA
BY SM

*See Instructions on Reverse Side

NMOCC