

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

990' FNL, 990' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6162' DF

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.
SF-080132

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Florance

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Blanco MV/ Basin DK

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T30N R9W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

RECEIVED

NOV 03 1985

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANE ☐

(Other) commingle

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(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.)*

Tenneco requests permission to commingle the referenced well according to the attached detailed procedure. The NMOCC approval number is DHC - 550.

Production must be allocated back to each zone on the basis of annual well tests

RECEIVED

NOV 14 1985

OIL CON. DIV.
DIST. 3

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

SIGNED Scott McKinnis

TITLE Senior Regulatory Analyst

DATE 11/5/85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 12 1985

Jim A. Smith
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side
NMOCC

LEASE__ FLORANCE __.

WELL NO. __ 5 ____.

CASING:

=====

10-3/4"OD, 32.75_LB, H-40_CSG.W/_____ 200 _SX

TOC @_SURFACE. HOLE SIZE _____", DATE _____.

REMARKS: _____.

___ 7 "OD, 20/23_LB, J-55 CSG.W/_____ 200 _____SX

TOC @_4150'. HOLE SIZE _____", DATE _____.

REMARKS: _____.

_4-1/2"OD, 10.5/11.6 LB, J-55 CSG.W/_____ 350/225 _SX

TOC @_SURF. HOLE SIZE _____", DATE _____.

REMARKS: _____ DV @ 4091' _____.

TUBING:

=====

__2-3/8"OD, 4.7 _LB, J-55_GRADE, 8 _RD, _____CPLG,

LANDED @_ 7210' __. PACKER__ MOD "D" @ 7210' _____.

DETAILED PROCEDURE:

1. MIRU A MAST TRUCK AND WIRELINE UNIT.
2. LUBRICATE IN THE HOLE W/ 1-3/8" HOLLOW CARRIER THRU-TBG PERFORATING GUNS WITH A GUN GR-CCL AND CORRELATE SHOOTING DEPTHS TO ATTACHED LOG SECTION SHOOT 5 HOLES AS FOLLOWS:

5140'--1 JS

5142'--1 JS

5144'--1 JS

5146'--1 JS

5148'--1 JS

TOTAL 5'-- 5 HOLES

3. SHUT IN PENDING NOTIFICATION OF PIPELINE COMPANIES AND EPS.
4. FILE NEW C-104.
5. RETURN WELL TO PRODUCTION VIA 2-3/8" TBG STRING.

267'

DV @

4091'

4512'

4549'

MV

PAY

5289'

MOD "D"

7210'

7269'

DK

PAY

7501'

7515'

7540'

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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 990' FNL, 990' FEL		8. FARM OR LEASE NAME Florance	
RECEIVED NOV 08 1985 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		9. WELL NO. 5	
		10. FIELD AND POOL, OR WILDCAT Blanco MV/ Basin DK	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T30N R9W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6162' DF		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

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REPAIR WELL

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(Other) commingle

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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

SIGNED

Scott McHenry

TITLE Senior Regulatory Analyst

DATE

11/5/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 12 1985

Jim A. Leach
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

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WELL NO. __ 5 ____.

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