

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. <b>OIL WELL</b> <input type="checkbox"/> <b>GAS WELL</b> <input checked="" type="checkbox"/> <b>OTHER</b>	7. <b>UNIT AGREEMENT NAME</b> San Juan 32-9 Unit
2. <b>NAME OF OPERATOR</b> Tenneco Oil Company	8. <b>FARM OR LEASE NAME</b>
3. <b>ADDRESS OF OPERATOR</b> P.O. Box 3249, Englewood, Colorado 80155	9. <b>WELL NO.</b> 5
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1650' FSL, 1700' FWL	10. <b>FIELD AND POOL, OR WILDCAT</b> Blanco Mesaverde
	11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 15, T31N, R9W
14. <b>PERMIT NO.</b> 30-045-10707	12. <b>COUNTY OR PARISH</b> San Juan
15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 6508' GL BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	13. <b>STATE</b> New Mexico

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MAY 29 1986

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"/>
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"/>		<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)\*

5/19 MIRUSU, kill well w/1% KCl. NDWH. NUBOP. RIH w/RBP and pkr. Set the RBP @ 5100'. PT to 1000 psi, isolated the leak @ 3657', 1 BPM A 1200 psi.

5/20 RIH w/tbg. Released RBP, POOH w/ same. RIH w/tbg, open-ended. Cleaned out to PBTD w/foam. Had 65' of fill. POOH w/same. RIH w/tbg & retrievamatic pkr. 1.78 IN SN 1 jt above the pkr. Set the pkr @ 5103' w/14,000# on it. NDBOP. NUWH. RDMOSU.

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JUN 05 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED [Signature]

TITLE Administrative Analyst II

DATE 5-23-86

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JUN 07 1986

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

NMOCC