

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF - 078387 - A	
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1714 Durango, Colorado		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 915 FSL, 860 FWL Unit M		8. FARM OR LEASE NAME Fletcher	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, ET, GR, etc.) 6404 GR.		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, 31N- 8W	
		12. COUNTY OR PARISH San Juan	
		13. STATE N. M.	

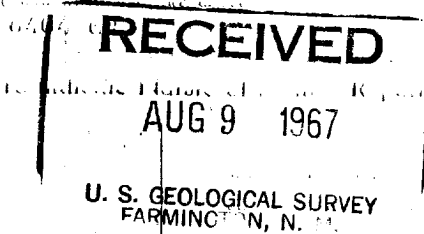
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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.)*

Moved in completion rig. CO to 7852 PBTD. Squeezed casing leak w/200 sx, WOC pressure tested to 4200#. Held OK. CO to 7860 PBTD. Perf. 7840-44 w/2/ft. 7826-30 w/2/ft. Acidized w/500 gals. 15% hcl. Frac w/ 10,000# sd, in 20,000 gals water. 28 BPM at 4200 psi. Perf 7780-83 w/2/ft. 7770-73 w/2/pf. 7760-63 w/2/ft. Broke down w/500 gals acid. Frac w/40,000# sd in 70,000 gals wtr. Perf 7703-07 w/2/ft 7729- 2 holes, 7657, 2 holes, 7653, 2 holes. Broke down w/500 gallons. Frac w/30,000# sd in 50,000 gallons water. Rate 31 BPM at 3800 psi. Ran 246 jts. 2-3/8 tbg landed at 7800. Released rig at 10 am 7/23/67. No test.



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

SIGNED M. L. Shagren TITLE _____ DATE 8-7-67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side