

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPLICATE\***  
(Other instructions on reverse 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.)

<p>1. <b>OIL WELL</b> <input type="checkbox"/> <b>GAS WELL</b> <input checked="" type="checkbox"/> <b>OTHER</b></p> <p>2. <b>NAME OF OPERATOR</b> Tenneco Oil Company</p> <p>3. <b>ADDRESS OF OPERATOR</b> P. O. Box 3249, Englewood, CO 80155</p> <p>4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  790' FSL, 790' FWL</p>		<p>5. <b>LEASE DESIGNATION AND SERIAL NO.</b> SF-078129A</p> <p>6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b></p> <p>7. <b>UNIT AGREEMENT NAME</b></p> <p>8. <b>FARM OR LEASE NAME</b> Florance</p> <p>9. <b>WELL NO.</b> 106</p> <p>10. <b>FIELD AND POOL, OR WILDCAT</b> Blanco Pictured Cliffs</p> <p>11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 8, T30N, R9W</p> <p>12. <b>COUNTY OR PARISH</b> San Juan</p> <p>13. <b>STATE</b> NM</p>
<p>14. <b>PERMIT NO.</b></p>	<p>15. <b>ELEVATIONS</b> (Show whether DF, ST, CR, etc.) 6477' GR</p>	

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"/>	FULL 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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>casing repair</u>	
(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.)\*

08/17/84: MIRUSU. Kill well. NDWH. NUBOP. POOH. Set pkr @3150.' PU & RIH w/Model C1 Tension Pkr. Set @3060.' Press tst dn tbg. Held o.k.

08/18/84: RIH w/new Model C-1 tension pkr to isolate leak. Isolated leaks fr 584-1010.' Could pmp into leaks @1-1/2 BPM. Mix 50 sxs Class B cmt w/2% CaCl<sub>2</sub>. Got sqz @600 psi.

08/21/84: Hydrotest in hole w/S/N, S/A, 3' prod tube and 1-1/4" tbg. String tested o.k. Landed tbg. Landed 1-1/4 tbg @3150'. NDBOP. NUWH.

08/22/84: Left well blwg to pit. RDMOSU.

**RECEIVED**  
SEP 07 1984  
OIL CON. DIV.  
DIST. 3

**RECEIVED**  
SEP 07 1984  
FARMINGTON RESOURCE AREA

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

SIGNED *Scott McKinney* TITLE Sr. Regulatory Analyst DATE 8/28/84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**ACCEPTED FOR RECORD**  
DATE \_\_\_\_\_  
SEP 06 1984  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

**NMOCC**