

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME San Juan 32-9 Unit
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 3249, Englewood, Colorado 80155	9. WELL NO. 46
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1500' FNL, 1500' FEL	10. FIELD AND POOL, OR WILDCAT Blanco Measverde
14. PERMIT NO. 30-045-60251	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T31N, R9W
15. ELEVATIONS (Show whether on, at, or, etc.) 6610' GL	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

RECEIVED

MAY 29 1986

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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"/>	

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 checked="" type="checkbox"/>
(Other) <input type="checkbox"/> Casing 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.)*

5/20 MIRUSU. Kill well w/1% KCl. NDWH. NUBOP.

5/21 RIH w/5-1/2" Model G Lock-set RBP and 5-1/2" retrievematic pkr. Set the RBP @ 5207'. PU 1 stand, PT the BP to 1000 psi, held OK. Released the pkr, PT the backside to 1500 psi, bradenhead open, held OK. No csg leak. RIH w/tbg, pkr, released the BP, POOH w/same. RIH w/tbg, open-ended. Landed @ 5900', NDBOP, NUWH. RDMOSU.

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)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

JUN 04 1986

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side

NMOCG