

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004  
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER                                                      | 7. UNIT AGREEMENT NAME                                                                                           |
| 2. NAME OF OPERATOR<br>Tenneco Oil Company                                                                                                                            | 8. FARM OR LEASE NAME<br>Neal Com                                                                                |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 3249, Englewood, CO 80155                                                                                                          | 9. WELL NO.<br>2                                                                                                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>905<br>930' FNL, 1630' FEL | 10. FIELD AND POOL, OR WILDCAT<br>Basin Dakota                                                                   |
| 11. SEC., T., R., N., OR S.W. 1/4, AND SURVEY OR AREA<br>Sec. 14, T31N, R11W                                                                                          | 12. COUNTY OR PARISH<br>San Juan                                                                                 |
| 13. STATE<br>NM                                                                                                                                                       |                                                                                                                  |
| 14. PERMIT NO.                                                                                                                                                        | 15. ELEVATIONS (Show whether NP, ST, OR, etc.)<br>5933' GR BUREAU OF LAND MANAGEMENT<br>FARMINGTON RESOURCE AREA |

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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 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"/>               |                                                    |

(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.)\*

04/08/84: MIRUSU

94/08/84: Kill W/1% KCl. Isolated leak @ the DV tool @ 2985'. RIH W/tbg & new 7" pkr.

Set pkr @ 2725'. Press tstd BS to 1500 psi. Sqzd leak in the DV tool W/150 sxs 177CF Class B 2% CaCl<sub>2</sub>. Got a running szq 57 sxs behind csg. Released pkr. Press'd to 2000 psi. SDON.

04/10/84: Dr1 out cmt. Circ'd clean. Press tst'd to 750 psi. Held o.k. POOH W/tbg & bit.SDON

04/11/84: RIH W/tbg & retrieving head. Release plug. POOH W/tbg & plug. RIH W/tbg & 4-1/2" R3 prod pkr. Set pkr @ 6927'. Circ pkr fluid dn BS. NDBOP. NUWH. Swab well in.

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OIL CON. DIV.  
DIST. 3

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

SIGNED

*Scott McRaney*

TITLE Senior Production Analyst

DATE

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APR 23 1984

NMOCC

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

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