

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"/>                                     | 5. LEASE DESIGNATION AND SERIAL NO.<br>SF-078039                       |
| 2. NAME OF OPERATOR<br>Tenneco Oil Company   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                   |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 3249 Englewood, CO 80155  | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State law.<br>See also space 17 below.)<br>At surface<br>1570' FSL 1580' FEL | 8. FARM OR LEASE NAME<br>Barnes LS                                     |
| 14. PERMIT NO.   | 9. WELL NO.<br>25R   |
| 15. ELEVATIONS (Show whether DP, ST, CH, etc.)<br>6375' KB   | 10. FIELD AND POOL, OR WILDCAT   |
|  | 11. SEC., T., R., N., OR BLK. AND<br>SUBVY OR AREA<br>Sec 23 T32N R11W |
|  | 12. COUNTY OR PARISH 13. STATE<br>San Juan NM                          |

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AUG 24 1988  
OIL CON. DIV  
DIST. 3

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 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 PLANE <input type="checkbox"/>         | (Other) <input type="checkbox"/>  | Drilling <input checked="" 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.)

07/30/88-- MIRU, DRL rat & mouse hole. Spud 12:45 p.m. 7/29/88. Set & cmt'd 6 jts 9-5/8" @ 264, FC @ 223. Cmt'd w/200sx(240ft<sup>3</sup>) cmt. Notified Ken Townsend, BLM 8 a.m. 7/30/88. Svys: 3/4 deg @ 124, 1/4 deg @ 244.

07/31/88-- Drl & svy. Svys: 1-1/4 deg @ 799, 1-3/4 deg @ 1048 & 1206, 1-1/4 deg @ 1455.

08/01/88-- Dr. & svy. Svys: 1/2 deg @ 1954, 1/4 deg @ 2455.

08/02/88-- Drl & svy. Svy: 1 deg @ 2956.

08/03/88-- Drlg.

08/04/88-- Pull plug bit. RIH to 2736 - C/C hole - full returns. Staged in hole to 3388 - full returns. W/R 130' to 3518 - circ - POOH LD DP. RU & ran 47 jts 7" to 1919 - hit bridge - unable to wash thru - POOH, LD csg. PU DC, X-O rams & kelly. TIH to 3518 - unable to circ.

08/05/88-- NU to gas drill. POOH w/plugged bit. Slip/cut drlg lines C/C to btm (ream 3472-3518). Ran 84 jts to 3518, cmt'd in 2 stages: 1st stage w/180sx (216ft<sup>3</sup>) cmt, 2nd stage 375sx (420ft<sup>3</sup>) cmt. DV tool @ 2512. Lost returns on 1st stage, good returns on 2nd stage. Job complete 2 a.m. Notified M. Flanagan (BLM) 3 p.m. 8/4/88 of csg job.

08/06/88-- WO completion.

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

SIGNED [Signature] TITLE Sr. Administrative Analyst DATE 8/12/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 19 1988

CONDITIONS OF APPROVAL, IF ANY:

NMOCC FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side