

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well ☒ gas well ☐ other
2. NAME OF OPERATOR
Tenneco Oil Company
3. ADDRESS OF OPERATOR
720 S. Colo. Blvd., Denver, CO 80222
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 600'FWL, 1980'FSL, Unit L
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(other)		

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.)*

12/1/79

Tenneco Oil Company has plugged & abandoned the above well using the following procedure:

1. MIRUCU
2. NUBOE
3. Fill hole w/produced water
4. POOH w/tubing
5. Squeeze Dakota perforations @ 2685'-2697' w/50 sxs CL B cmt. w/2% CACL2 to 100' above perms.
6. Set cmt. plugs w/CL B cmt, 2% CACL2 @ the following depths: 450'-225' 1650' (25 sxs) 100'-Surface (25 sxs)
7. RDMOPU
8. Install P&A marker
9. Clean, grade, and resotre location per USGS requirements

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Raymond W. Vinyard TITLE _____ DATE _____

(Orig. Sgd.) RAYMOND W. VINYARD (This space for Federal or State office use) RAYMOND W. VINYARD

APPROVED BY _____ TITLE ACTING DISTRICT SUPERVISOR DATE DEC 1981
CONDITIONS OF APPROVAL, IF ANY:

NMOCC