Dec. 1973	/ Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Contract 109
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Jicarilla Dulce
CHANDS NOTICES AND DEPORTS ON WELLS	7. UNIT AGREEMENT NAME
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.)	8. FARM OR LEASE NAME
1. oil gas G	Jicarilla
1. Oil gas 🔀 other	9. WELL NO.
2. NAME OF OPERATOR	B-5
Tenneco Oil Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	•
Box 3249 Englewood, CO 80155	Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 21, T26N, R5W
AT SURFACE: 1695' FSL, 1545' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Rio Arriba New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	1 24. ATT NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6612' gr.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	0012 91.
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	VED.
PULL OR ALTER CASING	NOTE Report results of multiple completion or zone change on Form 9-330.)
]
CHANGE ZONES FEB 0 5	NAS.
ABANDON*	AL CHOVEY
(other) U. S. GEOLOGIC FARMINGTOI	N N M.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is d	e all pertinent details, and give pertinent dates, lirectionally drilled, give subsurface locations and
measured and true vertical depths for all markers and zones pertiner	nt to this work.)*
Listed below is the information you requested	d on the share material
misted below is the information you requested	d on the above referenced well:
Gallup formation 6308' Sand, shale,	Cas
Surray Tormacron 5505 Suna, Share,	das
	1082
₹	40 100

Production Analyst DATE 2/1/82

(This space for Federal or State office use)

APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY:

SIGNED

Subsurface Safety Valve: Manu. and Type _

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

ACCEPTED FOR RECORD

FEB **0** 9 1982

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT >m m