

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
Box 3249 Englewood, Co 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 835' FWL 980' FNL "D"
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

9/23/80. Set pkr @ 3689'. RU Western Co. and PT pkr to 3000 PSI. Held OK for 10 mins. Re-set pkr. @ 3968'. Circ'd 250 gals 15% HCL in csg/tbg. annulus Broke down lower perfs dn. tbg @ 2200 PSI. Established rate of 6.7 BPM @ 2800PSI. Acidized down tbg w/500 gals 15% HCL @ 4.7 BPM w/30 RCN ball sealers @ 1700PSI. Final rate: 1.4 BPM @ 2600 PSI. ISIP: 500 PSI. RU to annulus and displaced w/200 gals 15% HCL. ISIP: 550 PSI. Knocked balls off perfs. to pkr. TOH w/tbg and pkr. RU Nowsco N₂ and Western Co. fluid pump. Foam frac'd Chacra formation w/77,6000 gals 70% quality foam using 2% KCL water and carrying 80,000# 20/40 sand ISIP: 1800PSI, 15 min SIP:1700PSI, AIR:26.5BPM. AIP: 2100 PSI, Max press: 2150PSI min press: 1900PSI. 702 BL FT BR. Total fluid pumped: 554bbbls 2% KCL water total N₂ pumped: 940,300SCF. Opened well to flow to pit thru ½" tapped bull plug Well flowing to pit to clean.

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

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

SIGNED _____ TITLE Asst.Div.Adm.Mgr. DATE January 28, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: