

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
P. O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1700' FSL 1670' FEL "J"
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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Change in csg design

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5. LEASE
Contract #108

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
JICARILLA C

9. WELL NO.
7E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 13, T26N R5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7276' gr.

(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.)*

Tenneco proposes the following changes in casing and cementing program:

12-1/4"	9-5/8"	36#	± 300'	Circ cmt to surface
8-3/4"	7"	23#	± 4350'	Circ cmt to surface
6-1/4"	4-1/2"	10.5, 11.6#	± 8320'	Circ cmt to liner top

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

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

SIGNED Curley Stathman TITLE Asst. Div. Adm. Mgr. DATE 5/5/81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCG

*See Instructions on Reverse Side

APPROVED
MAY 12 1981
<u>E. J. [Signature]</u>
DISTRICT ENGINEER