

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

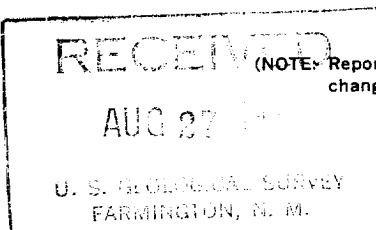
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1640' FSL 1520' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 zone change on Form 9-331-C)



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.)*
7/28/81 - Reperf'd Chacra w/1 JSPF from 4044-54', 4120-26', total of 16' and 16 holes. RIH w/tbg and pkr, set pkr @ 3800', pressure back side to 1500 psi. Break down @ 2900 psi. Estab rate 4 BPM @ 2800 psi. Acidize and balled off w/500 gals 15% weighted acid and 24 1.1 ball slrs. Acid away @ 4 BPM @ 2100 psi. Ball off not complete. Released pkr. RIH to 4180' and knocked balls off perfs. Blew csg dry w/N2. POOH w.tbg and pkr. Frac Chacra w/75000 gals 75% quality foam, 80000# 20/40 sand, 10 millicuries radioactive sand in last 30000#. Well treated @ 30 BPM. 1950 avg psi. Flowed well back thru 1/2" choke. Left flowing.

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

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

SIGNED [Signature] TITLE Production Analyst DATE 8/21/81

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

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