

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 a well back to a reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other ☒ Dry Hole
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: 870' FNL 1660' FWL "C"
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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☐
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RECEIVED
JUN 22 1981
(NOTE: Report results of multiple completion of zone change on Form 9-330.)
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

Form Approved.
Budget Bureau No. 42-R1424

5. LEASE NOOC-14-20-3604	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Rena Etsitty
7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Canyon
9. WELL NO. 4E	10. FIELD OR WILDCAT NAME Basin Dakota
11. SEC., T., R., M. OR BLM. AND SURVEY OR AREA Sec. 5, T25N, R11W	12. COUNTY OR PARISH San Juan
13. STATE New Mexico	14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WVD) 6320' gr.	

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 surface location and measured and true vertical depths for all markers and zones pertinent to this work.)*

Due to an information transmission error from the field, Tenneco mistakenly reported a cement plug set from 367'-150' when actually the plug was set from 584'-367'; (casing shoe @ 508' as originally reported) a 60' plug.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Carley Hatcher TITLE Asst. Div. Adm. Mgr. DATE 6/17/81

(This space for Federal or State office use)

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

FARMINGTON COPY

*See Instructions on Reverse Side

CM