

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 ☐ gas ☒ 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: 735' FSL 1770' 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 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.)*

6/22/82 - Log w/GR/ND. Went to 5200'. RU and run RFT. GIH. C&C. LDDP and DC. RU and run 116 jts 4-1/2" 10.5# K-55 ST&C (5,209.6'). Set at 5203'. FC @ 5155', DV @ 2055'. Cmt 1st stage w/265 sx Cl-B + 2% D-79 + 1/4#/sx flocele. Tail w/150 sx Cl-B preceded by 10 bbl zonelock. PD 2:00 a.m. 6/23. Good rtns on 1st stage. Open DV. Circ 5 bbls zonelock, circ and WOC.
6/23/82 - Circ, WOC. Cmt 2nd stage w/366 sx Cl-B + 2% D-79 + 1/4#/sx flocele. Tail by 150 sx Cl-B preceded by 20 bbl CW-100. PD @ 7:15 a.m. 6/23. Good rtns thru out. Circ 19 bbls preflush, cmt top @ surface. Set slips, cutoff, rig released @ 9:00 a.m. 6/23.

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

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

SIGNED Denise Wilson TITLE Production Analyst DATE 6/25/82
Denise Wilson

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____



*See Instructions on Reverse Side

NMOCC

BY SM

JUL 6 1982