

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 ☐  
well well

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

720 S. Colorado Blvd., Denver, CO 80222

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 900'FNL, 900'FWL, Unit D

AT TOP PROD. INTERVAL:

NW/4 NW/4

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) Status: spud, surface, production csg.

5. LEASE

SF-078641-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

I-149-IND-9108

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dehli Taylor B.D.

9. WELL NO.

1-E

10. FIELD OR WILDCAT NAME

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 3; T26N; R11W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6272'GL

(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.)\*

11/11/79-12/10/79

Spudded 12 1/4" hole 11/11/79. Ran and set 8 5/8", K-55, 24#, csg @ 504'. Cmt w/325 sxs class B neat w/2% CACL2. WOC 12 hrs. Reduced hole to 7 7/8". Reached TD of 6570' on 11/21. Ran and set 4 1/2", 10.5# K-55 csg @ 6470'. Cmt first stage w/271 sxs of 50/50 Pozmix w/4% gel and tailed in w/150 wxs w/2% CACL2 (421 total). Cmt second stage w/1590 sxs 50/50 Pozmix w/4% gel. PDBPO. 12/10 WOCU.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Carley Statham TITLE Admin. Supervisor DATE

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC