

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
720 S. Colorado Blvd., Denver, CO 80222

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1680'FSL, 1770'FEL, Unit 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) Spud, surface, & prod. csg

5. LEASE
SF-078641-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dehli-Taylor P.U.E.

9. WELL NO.
1E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 4; T26N; R11W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6384'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.)*

11/22-12/24/79

Spud on 11/22/79. Drilled 12 1/4" hole and set 8 5/8" K-55, csg at 504' KB. Cmt w/270 sxs of Class B w/3% KCL. WOC 18 1/2 hrs. Press. tested to 600 PSI, held ok. Resumed drilling. Reduced hole to 7 7/8" and drilled to 6570'. Landed and set 4 1/2" casing @ 6570'. Cmt first stage w/300 sxs 50/50 Pozmix w/4% gel, and 150 sxs CL B. WOC 3 1/2 hrs. Cmt second stage w/1500 sxs 50/50 Pozmix w/4% gel. Circ to surf. Released rig 12/24/79. WOCU.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Carol J. Hester TITLE Admin. Supervisor DATE

(This space for Federal or State office use)

APPROVED BY TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

NMOCC