PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other)

## UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE SF-079319
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas X other	Schwerdtfeger A
Well Well Other	9. WELL NO. 3E
2. NAME OF OPERATOR Tenneco Oil Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
P. O. Box 3249, Englewood, CO 80155	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 6 T27N R8W
AT SURFACE: 1800' FSL, 800' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	San Juan New Mexico
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5921' Gr.
TEST WATER SHUT-OFF [] X	
FRACTURE TREAT	1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–390.)
MULTIPLE COMPLETE	

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.)\*

2/21/81 - Drilled to TD of 6641 2/20/81. Log.

2/22/81 - RU and ran 90 jts (4114.15') of 4-1/2" 10.5# csg. Shoe @ 6640'. liner @ 2514'. Cmt w/400 sx Class B w/.6% D-19. PD. Reverse out 10 bbls cmt. Release rig 2/21/81.

## ACCEPTED FOR RECORD

MAR 11 1981

FARMINGTON DISTRICT Set @ \_\_ Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct ATTE Asst. Div. Adm. MODATE \_ SIGNED (This space for Federal or State office use) \_ DATE . TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: