

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 well ☐ gas well ☒ other

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Box 3249 Englewood, Colorado 80155

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

AT SURFACE: 980' FNL 1770' FEL "B"

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*

ABANDON ☐
(other) Final Tbg Detail

5. LEASE
NM -03380

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Florance

9. WELL NO.
63E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 17 T27N R8W

12. COUNTY OR PARISH	13. STATE
San Juan	New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6765' gr

(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.)*

3/28/81. RIH. w/tbg, SN, and pump out plug. Tagged sand fill @ 7360'. Clean out to PBTD w/foam. Killed tbg. Landed 2-3/8" tbg @ 7261'. NDBOP. NUWH. RDMOSU. Kicked well around w/N2.

3/30/81. Well flowing. Csg pressure down to 500PSI.

ACCEPTED FOR RECORD

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

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

SIGNED Wally T. Brown TITLE Asst. Div. Adm. Mgr. DATE April 10, 1981
FARMINGTON DISTRICT

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

NMDC

***See Instructions on Reverse Side**