

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
P.O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 800' FNL, 1530' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

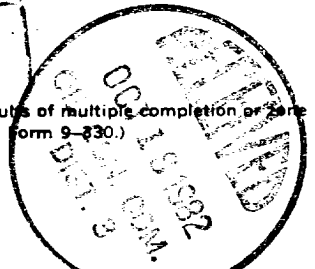
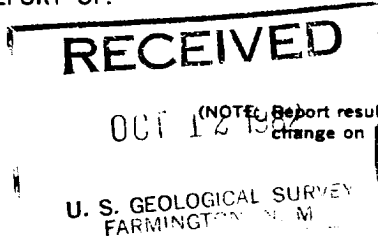
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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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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.)*

9/27/82 - C&C, mud, POOH, LDDP & DC's. RU and run 78 jts. 7" 23# K-55 LT&C (3231') set @ 3229' w/FC @ 3181' w/DV @ 1826'. Circ. csg. Cmt. 1st stage w/50 sx (103 CF) econolite + 1/4#/sx flocele. Tail w/150 sx (177 CF) Cl-B + 2% CACL₂ + 1/4#/sx flocele. PD @ 2:30 PM 9/27/82. Open DV. Circ. 10 bbls cmt on 1st stage. Circ & WOC. Cmt. 2nd stage w/110 sx (227 CF) econolite + 2% CACL₂ + 1/4#/sx flocele, tail w/100 sx (118 CF) Cl-B + 2% CACL₂ + 1/4#/sx flocele. PD @ 7:00 AM 9/27/82. Good circ, no cmt to surface. Set slips, cut off csg & NUBOP. Ran temp survey, TOC @ 500'. PT stack to 1,000 psi 30 min., OK. Drill DV, test to 1,000 psi, OK.

9/28/82 - Drill FC, cmt, unload hole, dry up and resume drlg.

9/30/82 - TFB #5, LD sq DC. Left 1 cone in hole. GIH w/magnet.

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

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

SIGNED Danise Wilson TITLE Production Analyst DATE 10/6/82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

OCT 15 1982

NMOCC

FARMINGTON, N.M.
BY SMM