

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

720 S. Colo. Blvd., Denver, CO 80222

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

AT SURFACE:

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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5. LEASE

SF 0770852

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Omler A

9. WELL NO.

2E

10. FIELD OR WILDCAT NAME

Basin Dakota

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

Sec. 35; T28N; R10W

12. COUNTY OR PARISH

San Juan

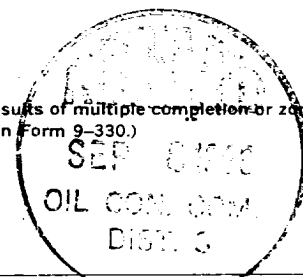
13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5879 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.)*

7/24/80-

Acidized down Tbg w/1500 gal 15% HOL & 10z ball sealers @ 4 1/2 BPM @ 2200 PSI., Establish rate 6 1/2 BPM. @ 3650 PSI. Frac'd Dakota w/80,000 gal 1% KCL water con. 30#/Thous mini-max 3 XL gel and carrying 80,000 # 20/40 sand & 25,000# 10/20 sand & carrying 25 microcuries radioactive sand. TIH w/7" pkr, SN & 27/8# tbg. Hydrotstd @ 6000 Psi set pkr @ 2981'. Spotted acid to within 2 Bbbl of perms. Well flow back for 30 min. Ru to SWB. SWBD 26 BBLS gas cut fluid & SWSBD.

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

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

SIGNED

Carley Hutton

Asst. Div. Admin. Manager

8/25/80

(This space for Federal or State office use)

APPROVED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

SEP 04 1980

BY

BIRMINGHAM DISTRICT

*See Instructions on Reverse Side

NMOCC