

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: 890' FWL, 890' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

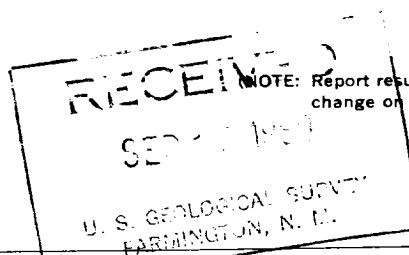
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:

☒
☐
☒
☐
☐
☐
☐
☐
☐



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)

NOTE: Report results of multiple completion or other 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.)*

7/29-7/30/80
SICP: 550 PSI, SITP: 800 PSI. Set baker Model F pkr. w/expendable plug @ 6260'. Dropped 1 sx SD in hole. Loaded hole w/2% KCL wtr. Pt pkr to 3500 PSI for 15 min. Held ok. Perf'd. Chacra form. w/4" premium charge csg. gun (2 JSPF) as follows; 2996-3004', 3012-3014'. TTL. 10' 20 holes. Acidized @ 5.3 BPM & 1400 PSI w/1000 gal 15% HCL. Press broke back to 300 PSI when acid hit perfs. Cont'd job at 5.2 BPM & 1100 PSI. ISIP: 650 PSI, 15 min SIP=500 PSI.

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

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

SIGNED Curly V. Hutton TITLE Asst. Div. Admin. Manager DATE 9/11/80

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

NMOCC

SEP 25 1980

FARMINGTON DISTRICT