UNITED STATES DEPARTMENT OF THE INTERIOR

| | Form Approved. Budget Bureau No. 42–R1424 |
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| | 5. LEASE |
| ı | SF-0770852 |
| | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| | 7. UNIT AGREEMENT NAME |
| ent | 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 |
| 17 | AREA |
| | Sec. 35; T28N; R10W 12. COUNTY OR PARISH 13. STATE |
| | |
| | San Juan New Mexico |
| | 14. API NO. |
| CE, | |
| | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| | |
| R | ECEIVED |
| - | SNOTE Sport results of multiple completion or zone change on Form 9–330.) |
| | OFOLOGICAL SURVEY |

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 differ reservoir. Use Form 9–331–C for such proposals.) gas well other well 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 890'FNL, 890'FWL below.) AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTIC REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE FARMINCTON, N. M. y, s. GEOL⁽⁾ **CHANGE ZONES** ABANDON* Report of completed operations (other) 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.)* 8/27/80 Production Dakota; AOF: 720 MCF/D Production Chacra; AOF: 1733 MCF/D Q: 718 MCF/D 0: 1391 MCF/D FTP: 42 PSI FTP: 92 PSI 3/4" CHK FCP: 508 PSI 3/4" CHK. Perf. Chacra (2 JSPF): 2996-3004', 3012-14' Perf. Daktoa (2 JSPF): 6306-12', 6362-96', 6424-32', 6442-46' _ Set @ _ Subsurface Safety Valve: Manu. and Type _ 18. I hereby ertify that the foregoing is true and correct Asst. Div. Admin. Manager 9/11/80 SIGNED (This space for Federal or State office use) ACCEPTED FOR RECORD DATE TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

SEP 25 1980

FARMINGTON DISTRICT