## UNITED STATES

UNITED STATES	5. LEASE S.F. 0 79.508 SF-79508
DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 gas x other	7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME  Cole A
2. NAME OF OPERATOR Tenneco Oil Company 3. ADDRESS OF OPERATOR	9. WELL NO. 1-E  10. FIELD OR WILDCAT NAME Basin Dakota/Chacra
720 So.Colorado Blvd., Denver CO 80222  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1750'FSL 890' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec. 35; T28N; R10W  12. COUNTY OR PARISH 13. STATE  San Juan New Mexico  14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5889' gr.
TEST WATER SHUT-OFF  FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen 8/29/80 Pulled 5jts 2 7/8" tbg. and set pkr at 2914. perfs at 3233-35 100sxs CL-B & 2% CALC2 & 6	e all pertinent details, and give pertinent dates, irectionally drilled, give subsurface locations and it to this work.)*  Squeezed cemented btm of Chacra
squeeze at 2500 PSI. TOC appx 200' above to 2967-75,3233-35' (total 10' 20 holes). Circ 67 perfs. 2.4 BPM at 3400 PSI. Acidized do 6 BPM at 3000 PSI. Brk down perf's at 2000 tbg with 75,000 gals 70% quality foam using ISIP: 1700 PSI, 15 min SIP: 1200 PSI, AIR: 2850 PSI, MIN.PRESS: 2400 PSI.	op perf. Pert d Chacra (2 JSPF) 'd 500 gals 15% HCL into 2975- wn tbg. with 100 gals. 15% HCL, PSI. Foam Frac'd Chacra dn 2 7/8 2% KCL water. 80,000# 20/40 sand
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct Asst. Div.  SIGNED Admin.Manager DATE	
(This space for Federal or State office use)	
/	DATE

\*See Instructions on Reverse Side