

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

**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.)

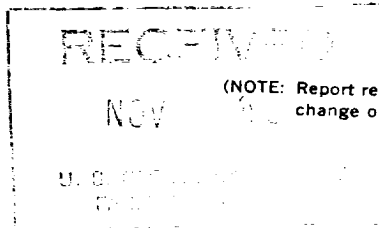
1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR  
Tenneco Oil Company
3. ADDRESS OF OPERATOR  
P.O. Box 3249, Englewood, CO 80155
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1620' FSL, 1750' FEL "J"  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

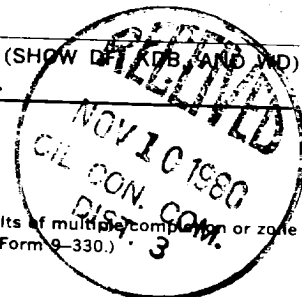
- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) Tubing detail

SUBSEQUENT REPORT OF:

- ☒  
☐  
☐  
☐  
☐  
☐  
☐  
☐



5. LEASE SF 077085  
~~SF 07705~~
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Omler A
9. WELL NO.  
7E
10. FIELD OR WILDCAT NAME  
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
36  
Sec. 26 T28N; R10W
12. COUNTY OR PARISH  
San Juan
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DEPTH AND NO)  
5937' gr.



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.)\*

10/7/80

RU & Kill csg. w/1% KCL water. TIH w/2<sup>3</sup>/<sub>8</sub>" prod. tbg, tag sand fill @ 3164' stabbed into Baker model D pkr. and run tbg. (2<sup>3</sup>/<sub>8</sub>"). Land tbg in well hole. Picked up 1<sup>1</sup>/<sub>4</sub>" tbg. Land 1<sup>1</sup>/<sub>4</sub>" prod. tbg. in well hole. ND BOP's. RU Xmas tree. Kicked Chacra around w/N<sub>2</sub> & flow to clean up.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED William H. Hight TITLE Asst Div Adm Mgr DATE 10/23/80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: