Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42–R1424

## UNITED STATES

UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE SF 82-077085
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.)	7. UNIT AGREEMENT NAME
1 all goo V	8. FARM OR LEASE NAME Omler "A"
well well other	9. WELL NO.
2. NAME OF OPERATOR Tenneco Oil Company	1E 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 720 S. Colo. Blvd., Denver, CO 80222	Chacra/Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) AT SURFACE: $1830/N \in 1590/W$	Sec. 26; T28N; R10W  12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan New Mexico
AT TOTAL DEPTH:	14. API NO.
<ol> <li>CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA</li> </ol>	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  (other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine 8/10/80  Foam frac Dakota perf. (2 JSPF) 6234-44, 629  W/92,000 gals 75% quality stable foam contate KCL water, sand & 500 SCF/BBL n2 pumped down annulus. remaining 2270 SCF/BBL pumped down ATP: 4500 PSI, Avg annulus pres: 1350 PSI, Min. annulus 1250 PSI 656 BLFTBR. Total N2 pumped well to atmosphere TP 2750#. Avg pit to clean up.	directionally drilled, give subsurface locations and ent to this work.)*  94-6334, 6362-6364, 6377-79, 6401-03 ining 100,000# 20/40 sand w/1% 7" to 2 7/8" tbg. IFIP tbg: 3000 PSI. AIR: 28 BPM, Max annulus pres: 1800 PSI. umped: 1891, 400 SCF. SI well 1 1/2
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	0///00
18. I hereby certify that the foregoing is true and correct ASST. Div. Admin. Mosigned  ASST. Div. Admin. Mosigned	anager 9/4/80 DATE
(This space for Federal or State office use)	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE

NMOCC