Form	9-331
Dag	1072

Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF8 2 -077085
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil gas XX other	Omler "A"
Well — Well Other	9. WELL NO.
2. NAME OF OPERATOR	1E
Tenneco Oil Company	10. FIELD OR WILDCAT NAME Chacra/Basin Dakota
3. ADDRESS OF OPERATOR 720 S. Colo. Blvd., Denver, CO 80222	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) AT SURFACE: 1330 N & 1590 N	Sec. 26; T28N; R10W
AT COMPACE.	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	San Juan New Mexico
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5797 'GR
TEST WATER SHUT-OFF	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
CHANGE ZONES	
ABANDON*	The second of th
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner 8/13/80 Frac. Chacra w/58,000 gals. to quality stab 79,500# 20/40 sand. ISIP: 1400 PSI, 15 min Si 2600 PSI, Max pres: 2850 PSI, Min pres: 2400 995,700 SCF, total faom pumped 87,100 gals. Operned Chacra to Pit flwg thru tap bull plug	irectionally drilled, give subsurface locations and it to this work.)* le foam & 2% KCL wtr. containing IP: 1400 PSI. AIR: 15 BPM. AIP: PSI. 646 BLFTBR. N2 pumped: Total sand: 81,450# SI 1/2 hr.
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct ASST. Div. Admin. SIGNED AND TITLE	Manager 9/4/80
(This space for Federal or State off	ice use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	

MMOCC