

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
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 different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other

2. NAME OF OPERATOR  
Tenneco Oil Company

3. ADDRESS OF OPERATOR  
Box 3249 Englewood Colorado 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 790' FWL, 1800' FSL  
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) ☐

SUBSEQUENT REPORT OF:

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

6/2/82 MIRUSU, NUBOP. PU & TIH w/ 2-3/8" tbgr. bit & csg. scraper. Tagged DV tool. Drilled out DV tool at 1397'. RIH & tagged FC. Drld cmt & FC to PBTD at 2997'. PU to 2952'. PT csg. to 2500 psi, OK. Rolled hole w/2% KCL water. Spotted 250 gal 7½% DI HCL across Chacra. POOH w/tbgr.  
6/3/82 RU Perf, ran GR/CCL. Perfd Chacra w/2 JSPF 2952-62' (10', 20 holes) Frac'd chacra w/70% quality foam and 2% KCL water w/spearhead of 500 gal. 15% HCL, tail by 20,000 gal foam & 103,00# 20/40 SDr. Max. HSD Concentration Dn hole. AIR=20BPM, AIP=1700 psi. Max press. 1800 psi. ISIP=1400 psi. SI 1 hr. Turned to pit thru ½" tapped bullplug.

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

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

SIGNED Denise Wilson TITLE Prod. Analyst DATE June 8, 1982

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

NMOCC