

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 well ☐ gas well ☒ other

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
720 So. Colo. Blvd., Denver, Co. 80222

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 960' FNL & 1730' FEL, Unit B
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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☒
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☐
☐
☐
☐

5. LEASE
USA-SF 078416 A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Wilch
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25, T-29-N, R-8-W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6730' GL

(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.)*

7/7/79 - 7/12/79

MIRUCU. NUBOE. Pressure tstd csg to 3500 psi for 10 min - held ok. Ran electric log. Spotted 500 gal 7 1/2% MCA acid @ 7859'. Perforated the Dakota formation from 7646 - 7650, 7656 - 7678, 7749 - 7751, 7784 - 7788, 7866 - 7878 w/2 JSPF. Acidized w/1500 gal 15% MCA acid @ 30 bpm - 3000 psi. Frac'd well w/90000 gal 30# crosslinked Gel, 80000# 20/40 sand, & 31000# 10/20 sand @ 58 bpm - 3200 psi. Ran 2 3/8" tbg & set @ 7642'. NDBOE & installed wellhead. RDMOCU.

Subsurface Safety Valve: Manu. and Type

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

SIGNED

Charles J. Stettin

TITLE Admin. Supervisor DATE

U.S. GEOLOGICAL SURVEY
GEOLOGICAL DIVISION, N.M.

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

nmcc

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

GPO : 1976 O - 214-148

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT	
1. NAME OF OPERATOR	
2. ADDRESS OF OPERATOR	
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