

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. Colorado Blvd., Denver, CO. 80222

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1010' FNL & 1510' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Spud & surface, production csg

5. LEASE

USA-SF-078487-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Florance

9. WELL NO.

108

10. FIELD OR WILDCAT NAME

Blanco Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 31, 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)
6019' 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.)*

5/7/79 - 5/15/79

Spudded 12 1/4" hole on 5/6/79 and drilled to 198'. Ran 4 jts 8 5/8", 24#, K-55 csg and set @ 191'. Cemented w/140 Sx class "B" cement w/3% CACL2, 1/4# Sx Flocele. WOC 12 hrs. NUBOE & pressure tstd to 1000 psi for 30 min-held ok. Reduced hole to 7 7/8" and drilled to T.D. @ 2675' on 5/9/79. Ran electric logs. Ran 66 jts 4 1/2", 10.5#, K-55 csg and set @ 2675'. Cemented w/500 Sx 50/50 poz mix, 4% gel, 1/4# Sx celloflake, tailed in w/150 Sx class "B" neat cement. WOC 12 hrs. Released rig. WOCU.

Subsurface Safety Valve: Manu. and Type

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

SIGNED

Carly Mattheus

TITLE Admin. Supervisor

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



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 - 214-149

1. **Well Identification:** Well No. _____, Section _____, Township _____, Range _____, County _____, State _____.

2. **Proposed Operation:** _____

3. **Reason for Abandonment:** _____

4. **Depth to Top of Well:** _____

5. **Method of Closing Top of Well:** _____

6. **Date Well Site Conditioned:** _____

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

Signed: _____

Title: _____

Date: _____

APPROVED BY: _____

DATE: _____

1. **Well Identification:** Well No. _____, Section _____, Township _____, Range _____, County _____, State _____.

2. **Proposed Operation:** _____

3. **Reason for Abandonment:** _____

4. **Depth to Top of Well:** _____

5. **Method of Closing Top of Well:** _____

6. **Date Well Site Conditioned:** _____

7. **Subsequent Report of:** _____

8. **Test Water Sample:** _____

9. **Fracture Data:** _____

10. **Flow Rate:** _____

11. **Pressure:** _____

12. **Temperature:** _____

13. **Other Data:** _____