DI

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	USA-SF-078046
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 Hughes
1. oil gas well other	9. WELL NO.
2. NAME OF OPERATOR	
Tenneco Oil Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR .	Basin Dakota
720 S. Colorado Blvd., Denver, Co 80222	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec. 20, T29N, R8W
below.) AT SURFACE: 990' FSL & 1140' FEL, Unit P	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	목생활 하는 것이 없었다.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6466'_GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	ညာလိုည်တို့ ကြွာ မြန်နောက်
TEST WATER SHUT-OFF	
FRACTURE TREAT	그 그 그 그 그 그 그를 가는 그를 가는 것이 없다.
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
REPAIR WELL	change on Form 9–330.)
PULL OR ALTER CASING	
CHANGE ZONES	보고 보는 그는 그는 한국생들이 다른 그를 보고 있다.
ARANDON*	그 그는 그는 한 사람들이 살아왔다는 했다.
(other) Production csg	그 그 그 그는 그 사람들은 그 맛이 훌륭하는 그 없다.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta	te all pertinent details, and give pertinent dates,
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine 	
8/4/79 - 8/6/79	보기 성용별 사 회사 원 백원병
Drilled 6 1/4" hole to T.D. @ 7638' on 8/5/7	Q Pan electric logs Ran 100 its
Drilled 6 1/4" note to 1.D. @ 7636 on 6/3/7 4 1/2", 10.5 # & 11.6#, K-55 csg w/liner & s	0.4 638' w/top of liner 0.3503'.
4 1/2", 10.5 # & 11.6#, K-55 CSG W/TITIET a 5	*C1 1/4# Sy Gilsonite 1/4# SX
Cemented w/550 Sx class "B" 50/50 Pozmix	the 100 Sy class "R" coment WOC
Flocele, 0.6% water loss additives	
12 hrs. Released Rig. WOCU	
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/ h.	L SUN
J. C.C.C.	32/ () The state of the state
First I.	342, 133 3199

Subsurface Safety Valve: Manu. and Type

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

TITLE Admin. Supervisor DATE SIGNED.

(This space for Federal or State office use)

_ TITLE

*See Instructions on Reverse Side

Macc