

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
720 S. Colorado Blvd., Denver, CO 80222

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 810'FNL & 880' FEL
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:

☐
☒
☒
☐
☐
☐
☐
☐

5. LEASE

USA SF 078414

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Day

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Basin Dakota

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

Sec. 17, T29N; R8W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6464'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.)*

10/22/79 - 10/25/79

Press. tested csg to 3500 psi for 30 min. Spotted 500 gals 7 1/2% HCL. Ran electric log. Perf Dakota w/2JSPF: 7416-7448, 7524-7526, 7562-7564, 7580-7586, 7602-7606, 7618-7622, 7628-7640. Established injection rate C 37 BPM C 2900 psi. Acidized w/ 1500 gals 15% HCL. Frac'd w/80,000# 20/40 sand, 25000# 10/20/sand, and 80,000 gals 30# crosslinked gel. Air-60 BPM, AIP-2900 PSI, ISIP-1850 PSI, 15 min. SIP-400 PSI. Landed tbg C 7401'. RDMOPU.

Subsurface Safety Valve: Manu. and Type

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

SIGNED [Signature] TITLE Admin. Supervisor DATE

Nov. 9, 1979

(This space for Federal or State office use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL IF ANY:

NMOCC

*See Instructions on Reverse Side