

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 S. Colorado Blvd., Denver, CO 80222

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL, 990' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Unit P

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>

(other) Status Report: Completion

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.)*

3/4 - 3/7

MIRUCU on 3/4/80. Hydrotreated 64 jts. 2 3/8" tubg. @ 3500 psi, rolled hole cleanw/1% KCl, spotted 500 gal. 7 1/2% DI HCl. Perf'd Dakota @ 7398-7410, 7494-7502, 7562-7568, 7579-7584, 7592-7594, 7608-7630. Acidized and balled off w/1500 gal. 15% HCl and 165 balls. Frac'd w/80000 gal. XL gel, 80000# 20/40 sand, and 25000# 10/20 sand, cleaned out to PBTD (7645) w/foam. Landed 2 3/8" tubing @ 7387'. NUWH. Kicked around w/N2 RDMoCU 3/7/80.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Carley Statkin TITLE _____

DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Form Approved
Budget Bureau No. 42-R1424

5. LEASE
SF-078414

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Day

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
S18, T29N, R8W

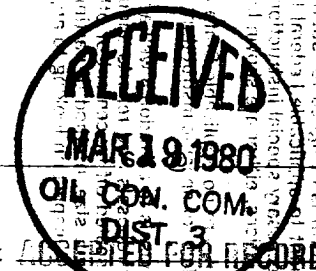
12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6465' GL

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



NMOCC

BY