

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

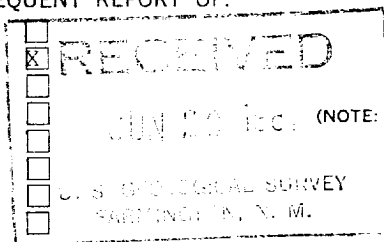
3. ADDRESS OF OPERATOR
Box 3249 Englewood, Co. 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1050' FSL 1050' FEL "P"
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
SF-078415

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Roelofs

9. WELL NO.
3E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9 T29N R8W

12. COUNTY OR PARISH San Juan 13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6436' gr.

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.)*

6/17/81 Frac'd Dakota w/90,000 gals 30# XL gel and 1% KCL water and 160,000 # 20/40 sand. ISIP: 1200 PSI, 15 min SIP: 900 PSI. AIR: 56 BPM. AIP: 3000 PSI.

6/18/81 RIH w/tbg and seating nipple. Tag sand @ 7665'. Clean out to PBTD w/N₂ and foam. Landed 2.3/8" tbg @ 7437'. Removed BOP and wellhead. Kick well around w/N₂. Flowing well to clean up. RDMOSU

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Carly Hatten TITLE Asst. Div. Adm. Mgr. DATE 6/23/81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: EPI

JUL 2 1981

*See Instructions on Reverse Side

NMOCC