

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
P.O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1090' FSL, 1730' FWL
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) Progress Report

SUBSEQUENT REPORT OF:

☐
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☐
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☐

RECEIVED

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

FEB 13 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
SF-078487

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Pritchard

9. WELL NO.
8E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T29N, R8W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. API NO.
30-045-25465

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6427' 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.)*

02/02/84: NU & TST BOPE to 1000 PSI 30 min OK. Drill out & ahead.

02/04/84: RU & RUN 79 jts 7" 23# K-55 STC CSG set @ 3660, FC @ 3582, DV @ 2230. Cmt 1st stage w/75 sx 138 CF HOWCO LITE + 1/4#/SX Flowcele + 2% CaCl₂ Tail w/150 sx/177 cf CL-B Neat +2% CaCl₂ + 1/4#/sx Flowcele.

02/05/84: Cmt 2nd stage w/375 Sx (690cf) 65:35 + 6% gel + 1/4#/sx Flowcele + 2% CaCl₂. Tail w/50 sx (59 cf) CL-B + 2% CaCl₂ + 1/4#/sx Flocele. PD @ 10:50 a.m. Circ 10 bbls cmt to surface. PT BOPE, OK. Drill Ahead.

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

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

SIGNED Bob McKinney TITLE Sr. Prod. Analyst DATE 2/9/84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD.

FEB 14 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

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AMOC