

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 ☐
well well

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: 1070'FNL & 1090'FEL, Unit A
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-078201
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Florance
9. WELL NO.
61R
10. FIELD OR WILDCAT NAME
Aztec Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12, T-29-N, R-9-W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6275'GL

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

AUG 23 1979

U.S. GEOLOGICAL SURVEY

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.)*

7/29/79 - 8/1/79

MIRUCU. NUBOE. Pressure tstd csg to 2800 psi for 15 min-held ok. Spotted 300 gal 15% DI MCA acid. Perforated the Pictured Cliffs formation from 2920-2924, 2928-2942 w/4 JSPF. Foam frac'd well w/500 gal 15% MCA acid, 25000 gal foam, 30000# 10/20 sand. Flushed w/1974 gal foam @ 20 bpm-1270 psi. ISIP-1150: Ran GR tracer survey from PBTD-2550. RIH w/ 1 1/4" tbg & set @ 2901' SICP-400, SITP-400. RDMOCU.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Curley Statton TITLE Admin. Supervisor DATE 8/1/79

(This space for Federal or State office use)

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