UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE SF 080246
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME
1. oil gas X	8. FARM OR LEASE NAME
well well other  2. NAME OF OPERATOR	9. WELL NO. 57-R 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Tenneco Oil Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Blanco Pictured Cliffs
720 S. Colorado Blvd., Denver, CO 80222  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 790'FNL & 1750'FEL, Unit B AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec. 22, T-29-N; R-9-W  12. COUNTY OR PARISH 13. STATE San Juan New Mexico  14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5809 GL
TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is discovered to the control of	rectionally drilled, give subsurface locations and
measured and true vertical depths for all markers and zones pertinen 7/29/79 - 8/2/79	t to this work.)* ខេល់គូនួ  ្គ ខ្លះក្រុ ធ្វាល់ស្គ្រា
MIRUCU. NUBOE. Rolled hole w/45 bbl 1% KCL wtr. for 30 min-held ok. Spotted 300 gal 15% DI MCA Cliffs formation from 2386-2389, 2349-2358, 233 w/4 JSPF. Frac'd well w/500 gal 15% MCA acid, 2 30000# 10/20 sand. AIR-20 bpm @ 1350 psi. ISIP-SI-1110, 15 min SI-1100, 1 hr. SI-1000. Ran ele set @ 2401'. Installed tree. RDMOCU.	acid. Perforated the Pictured 8-2342, 2330-2332, 2305-2310 4000 gal 70% qaulity foam, 5 1200, 5 min SI-1150, 10 min. ctric log. RIH W/ 1 1/4" tbg & Ctric log. RIH W/ 1 1/4" tbg & RIH W/
Subsurface Safety Valve: Manu. and Type	<u> </u>
18. I hereby certify that the foregoing is true and correct SIGNED TITLE Acimin. Supervi	sor DATE
(This space for Federal or State offi	ce use)
APPROVED BY TITLE TO CONDITIONS OF APPROVAL, IF ANY:	DATE DATE Control acidity of the strate of t