

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: 1800' FNL 1840' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

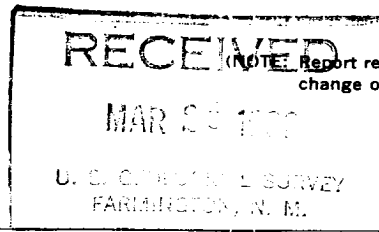
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:

☒
☒
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☐
☐
☐



5. LEASE
SF-079511A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Florance

9. WELL NO.
111

10. FIELD OR WILDCAT NAME
Basin Dakota - Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T30N R8W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5729' 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.)*

3/11/82 - MIRUSU. NDWH. NUBOP.

3/12/82 - RIH w/bal of tbg. Tagged cmt @ 6900. Drld to PBTD. Circ hole w/1% KCL wtr. POOH w/tbg, bit and sub. RIH w/GR/CCL. Perf'd Dakota w/1 JSPF 6776-85', 6862-76', 6930-46', 6968-72', 6980-92' (55' - 55 holes).

3/13/82 - RIH w/tbg and pkr. Set pkr @ 6600'. Brk dn formation. Balled off w/500 gal wtd KCL and 80 1.1 SG ball slrs. Ball action good bt not complete. Released pkr. Ran to btm to knock balls off. Reset pkr. Land tbg in WH. NDBOP, NUWH, made 4 swab runs. Swbd well dry. RDMOSU. Left well flwg.

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

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

SIGNED Joseph Harrison TITLE Production Analyst DATE 3/19/82

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

ACCEPTED FOR RECORD

MAR 26 1982

FARMINGTON DISTRICT
BY EAT