

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:

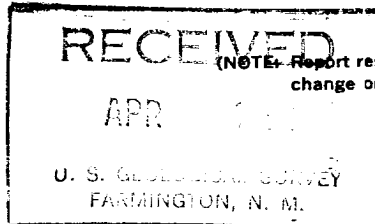
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:

☒
☐
☐
☐
☐
☐
☐
☐
☐
☐



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

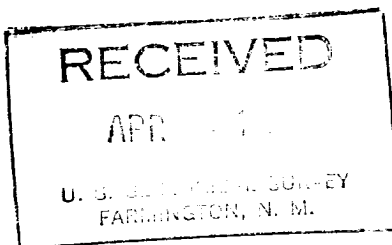
13. STATE
NM

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.)*

3/8/82 - Log w/GO, LDDP and DC's, RU and run 2 jts 4 1/2" 11.6# K-55 and 92 jts 4 1/2" 10.5# K-55 csg (4195'). Set @ 7051'. TOL @ 2844'. Cmt w/325 sx low dense. Tail w/150 sx B + .4% of 1% wtr loss additive. PD. Circ 15 bbl cw. LDDP, ND OP, rig released 3/6/82. WOCU.



Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED Denise Wilson TITLE Production Analyst DATE 4/2/82
Denise Wilson

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC

APR 1982

FARMINGTON, N. M.

BY sm