## UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

UNITED STATES  DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	5. LEASE SF- USA-080245 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  8. FARM OR LEASE NAME
1. oil gas well other  2. NAME OF OPERATOR	Hamner  9. WELL NO.  3A
Tenneco Oil Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Basin Dakota
720 S. Colorado Blvd., Denver, CO 80222  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 29, T29N; R9W
AT SURFACE: 1545 FNL, 990 FWL, Unit E AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	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	15. ELEVATIONS (SHOW DF, KDB, AND WD)

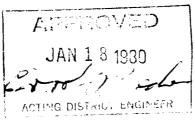
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	
16. CHECK APPROPRIATE BOX REPORT, OR OTHER DATA	TO INDICATE NATURE OF NOTICE,
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	
FRACTURE TREAT	Ħ
SHOOT OR ACIDIZE	<b>一</b>
REPAIR WELL	, and the second
PULL OR ALTER CASING [	Ħ
MULTIPLE COMPLETE	
CHANGE ZONES	Ī
ABANDON*	$\overline{\Box}$
(other) Change of Name	<del></del>

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

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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.)\*

The above captioned well has been changed from Hamner 10 to Hamner 3A.



Subsurface Safety Valve: Manu. and Type ... 18. I hereby certify that the foregoing is true and correct TITLE Admin. Supervisor DATE (This space for Federal or State office use) APPROVED BY TITLE . DATE CONDITIONS OF APPROVAL, IF ANY: condition apower too 3