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

SUNDRY NOTICES AND REPORTS ON WELLS

	_	Budget Bureau No. 42-R1424
	5.	LEASE
		SF-065557-A
	6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
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	7.	UNIT AGREEMENT NAME
t		
	8.	FARM OR LEASE NAME
		Cornell D
	9.	WELL NO.
_		1 E
	10.	FIELD OR WILDCAT NAME
		Basin Dakota
	11.	SEC., T., R., M., OR BLK. AND SURVEY OR
7		AREA
		Sec. 12; T29N; R12W
	12.	COUNTY OR PARISH 13. STATE
		San Juan New Mexico
_	14.	API NO.
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(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 ΧX other well well 2. NAME OF OPERATOR Tenneco Oil Company 3. ADDRESS OF OPERATOR 720 S. Colo. Blvd., Denver, CO 80222 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 830'FNL, 790'FEL, Unit A AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5784 'GR SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone change on Form 9–330.) REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE U. S. GEOLOGICAL SURVEY CHANGE ZONES FARMINGTON, N. M. ABANDON* (other) <u>Report on Drilling Operation</u>

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.)*

APPROVED BY

Spudded 12 1/4" hole 9:00 PM, 5/22/80. Ran and set 8 jts of 9 5/8", 36# csg @ 333'. Cmt w/250 sxs CLB, 2% CACL2. Circ to surface. Reduced hole to 6 1/4" and drilled to TD of 6635 on 6/2/80. Ran and set 100 jts of 4 1/2", 10.5csg 0 6635, DVC 4836'. Cmt 1st stage w/300 sxs Howco lite and 150 sxs CLB. Cmt 2nd stage w/1100 sxs Howco lite. Est TOC: 400'. Released rig 6/2/80.

Subsurface Safety Valve: Manu. and Type true and correct
—Asst. Div. 18. I hereby the foregoing Admin, Manager DATE 6/25/80 SIGNED (This space for Federal or State office use)

DATE

CONDITIONS OF APPROVAL, IF ANY: