

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 ☐ gas ☒ other

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.)
AT SURFACE:
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-078580A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Moore

9. WELL NO.
6E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 5; T30N; R8W

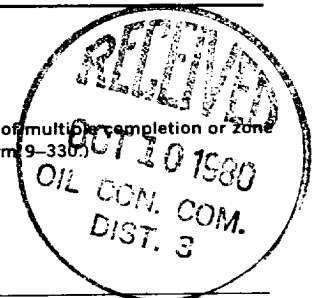
12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6265'GR

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



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.)*

7/14-8/14/80
Pt csg to 3500 PSI @ 7735. Ran GR/CCL from PBTD to 7300. Per'd Dakota w/2 SPF: 7486-98, 7552-60, 7606-34, 7657-62, 7678-7710. Acidize w/1500 gal 15% HCL & 108 ball sealers @ BPM & 3600 PSI. BF @ 7648 & pkr @ 7584. Frac'd Dakota w/80,000 gal of 30# XL gel containing 80,000# gals of 30# XL gel, cntg. 80,000# 20/40 sd & 25,000# 10/20 SD. Clean out to PBTD @ 7735 landed 2 3/8 tbg @ 7482. SI for AOF

ACCEPTED FOR RECORD

OCT 9 1980

FARMINGTON DISTRICT

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

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

SIGNED Carol J. Hatten TITLE Asst. Div. Admin. Manager DATE 9/11/80

(This space for Federal or State office use)

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

NMOCC