

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
720 So. Colo. Blvd., Denver CO 80222

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1040'
AT SURFACE: 890' FSL 790' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

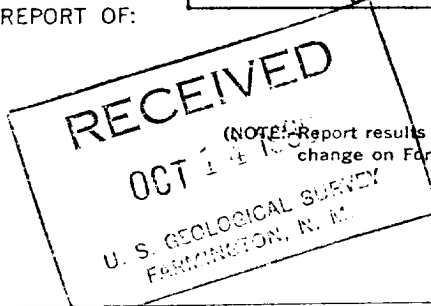
REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

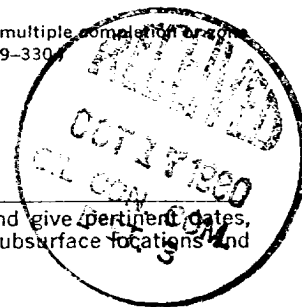
SUBSEQUENT REPORT OF:

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(other) Spudding/csg. report



(NOTE: Report results of multiple completion tests and 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.)*

8/14/80

Spudded 13 3/4" hole 8/14/80. Drilled to 270'. Ran 6 jts 9 5/8" 36# csg. set @ 269' Cmt w/200 sx CL-B & 2% CACL2. Circ. cmt to surface. Reduced hole to 8 3/4" drilled to TD at 4550'. Ran 113 jts (4560') 7" 23# csg. set at 4550 w/ DV at 3110. Cmt 1st stage w/85 sx lite tail in w/150sx CL-B. PD on 8/20/80. Open DV & Circ. No cmt. circ. Cmt 2nd stage w/375 sx 65/35 POZ mix 6% gel. Tail w/150 sx CL-B. No cmt to surface. Release rig 8/20/80. MIRUSU RIH 2 7/8" tbg. w/bit & scraper. Drilled out DV. Tagged cmt at 4475. Drilled out PBD.

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

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

SIGNED Charles J. [Signature] TITLE Manager DATE September 24, 1980

(This space for Federal or State office use)

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

BY BW
FARMINGTON DISTRICT

*See Instructions on Reverse Side