

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
Box 3249 Englewood, CO 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1585' FSL & 1535' FWL "J"
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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

X
X

RECEIVED

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

RECEIVED
MAY 27 1981
C.I.L. CON. COM.
DIST. 3

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.)*

5/14/81. Acidize w/1100 gals. 15% weighted HCL and 102 1.1 specific gravity ball sealers. Ball off complete w/1% KCL water. TIH w/tbg. and collar to knock balls off perms. Frac'd Dakota w/80,000 gals. 30# XL gel, 80,000# 20/40 sand and 25,000# 10/20 sand. AIR: 53 BPM, AIP: 2525 PSI, ISIP: 900 PSI, 15 min SIP: 650 PSI.

5/15/81. RIH w/tbg, seating nipple and pump out plug. Tagged sand bridge @ 6540'.
clean out to PBTD w/foam. Tbg. landed @ 6605'. NDBOP. NUWH. Kicked well
around w/N2. RDMOSU. Left flowing.

Subsurface Safety Valve: Manu. and Type _____ Set (C) _____ Ft.

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

SIGNED [Signature] TITLE Asst. Div. Adm. Mgr. DATE 5/19/81

(This space for Federal or State office use)

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

NMOCC

***See Instructions on Reverse Side**

1981 2 5 1981