Form Approved. Budget Bureau No. 42-R1424

5. LEASE					
SF-078578	В	:	-	-	

ONLIED SINIES						
DEPARTMENT	OF	THE	INTERIOR			
GEOLOG	CAL	SUR	VEY			

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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.)						
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7. UNIT AGREEMENT NAME

1. oil gas well \square well other 8. FARM OR LEASE NAME Patterson

2. NAME OF OPERATOR

9. WELL NO.

Tenneco Oil Company

10. FIELD OR WILDCAT NAME Blanco, Pic. Cliffs, Basin Dakota

3. ADDRESS OF OPERATOR P.O. Box 3249, Englewood, CO 80155

11. SEC., T., R., M., OR BLK. AND SURVEY OR

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 1630' FSL, 1090' FEL

Sec. 20, T30N, R8W

AT TOP PROD. INTERVAL:

12. COUNTY OR PARISH 13. STATE San Juan New Mexico

AT TOTAL DEPTH:

14. API NO.

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

15. ELEVATIONS (SHOW DF, KDB, AND WD) 5733' gr.

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL **PULL OR ALTER CASING** SUBSEQUENT REPORT OF:

RECEIVED

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

MULTIPLE COMPLETE **CHANGE ZONES** ABANDON*

(other)

U. C. GEOLOGICAL SURVEY FARMINGTON, N. M.

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.)*

1/26/82- RIH w/2-3/8" tbg. seal assy & blast jts. Landed w/btm. tbg. @ 6929'. RIH w/1-1/4" tbg. Landed w/btm. tbg. @ 2550'. NDBOP. NUWH. Retreived plug in Dakota string. Kicked PC around w/N₂. Left both sides flwg. RDMOSU.

Subsurface Safety Valve: Manu. and Type Set @

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

TITLE Production Analystate

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC