| UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY  | 5. LEASE<br>SF-080245<br>6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |  |  |  |
|---|--|--|--|--|
| 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 well other  2. NAME OF OPERATOR Tenneco 0il Company  3. ADDRESS OF OPERATOR Box 3249, Englewood, CO 80155  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | 7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME Hamner  9. WELL NO. 3E  10. FIELD OR WILDCAT NAME Basin Dakota  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |  |  |  |
| below.) AT SURFACE: 970' FSL & 870'. FWL "M" AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.  | Sec. 29, T29N, R9W  12. COUNTY OR PARISH 13. STATE San Juan New Mexico  14. API NO.  |  |  |  |
| 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) Lbg. details  | EACH CONT CONT   |  |  |  |
|   |  |  |  |  |

- 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.)\*
- 5/27/81. RIH w/2-3/8" tbg, mule shoe, F nipple, seal assy, blast jts. and circulating blanking plug. Tag sand fill @ 6445'; 15'. Clean out to top of pkr w/foam. Knocked out expendable plug and land @ 6672'. Hydrotested and RIH w/ $1\frac{1}{4}$ " tbg, SN 1 jt off bottom. Landed @ 2505'. NDBOP. NUWH. RDMOSU.

| Subsurface Safety Valve: Manu. and Ty     | i                    |                       |                     | Set @            | Ft.   |
|---|----------------------|-----------------------|---------------------|------------------|-------|
| 18. I hereby certify that the foregoing i | s true and correct   | Div. Adm.             | Mar <sub>date</sub> | 6-1-81           |       |
|   | (This space for Fede | ral or State office u | se)                 |                  |       |
| APPROVED BY                               | TITLE                |                       | DATE                |                  |       |
| CONDITIONS OF APPROVAL, IF ANY:           |                      |                       |                     | W. ELLS 10 10550 | ក្នុង |
|   |                      |                       |                     |                  |       |

NMOCC

\*See Instructions on Reverse Side

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