CHADDY MOTICES

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Budget Bureau No. 42-R1424
5. LEASE
SF-079947
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Jackson
9. WELL NO.
1E

	SUNDKI	MOTICE2	AND	KEPORI	S OI	N WE	LLS
o se	not use this fo ervoir. Use Form	rm for proposals 9-331-C for suc	s to drill o	or to deepen or als.)	rplugi	back to a	different

1. oil gas w∈li XX well other 2. NAME OF OPERATOR Tenneco Oil Company 3. ADDRESS OF OPERATOR P. O. Box 3249, Englewood, CO 80155 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1650' FNL 1630' FEL "G" AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

10. FIELD OR WILDCAT NAME Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR

AREA Sec. 34, T29N R9W

12. COUNTY OR PARISH 13. STATE San Juan New Mexico 14. API NO.

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Commence drilling operations change in csg design

15. ELEVATIONS (SHOW DF, KDB, AND WD) 5716'_gr.

(NOTE: Reg cha OIL CON. COM. DIST. 3

17. DESCRIBE PROFOSED 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.)*

4/21/81 - MIRUFT. Spud well 4/20/81 w/Four Corners rig #8. Drill 12-1/4" hole to 428'. POOH RU and run 6 jts (228') 9-5/8" 36# csg, set @ 241'. Cmt w/250 sx Class B w/2% CACL, Plug down. Circ cmt to surface. WOC.

Tenneco proposes to complete this well into the Chacra formation as well as into the Dakota.

Tenneco proposes to drill the 8-3/4" hole and set 7" csg @ $\frac{+}{2}$ 3500', an additional 780' deeper than was originally approved on Application for Permit to Drill. Cement will be circulated to surface.

Subsurface Safety Valve: Manu. and Type _____ Set @ ____ 18. I hereby certify that the foregoing is true and correct - TITLE Asst.Div.Adm.Mgr.DATE SIGNED (This space for Federal or State office use) APPROVED BY _ TITLE _ DATE CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

DISTRIUL ENGINEEK