

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
P. O. Box 3249, Englewood, CO 80155

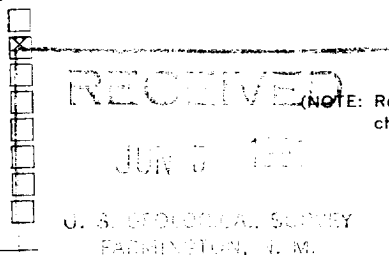
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FNL & 1630' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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* ☐
(other) ☐

SUBSEQUENT REPORT OF:



(NOTE: Report results of multiple completion or zone 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.)*

5/19/81. Frac Chacra down csg w/80,000 gals 70% quality foam, 2% KCL water and 90,000# 20/40 sand. AIR: 20 BPM AIP: 1500 PSI ISIP: 1550 PSI, 15 min SIP: 1500. Blowing well back thru 1/2" choke after 2-1/2 hrs.
5/20/81. RIH w/2-3/8" tbg. 1/2 muleshoe and F nipple. Tag sand @ 3200'. Clean out to top of pkr w/foam. Knocked expendable plug out of pkr. Ran seal assy and blast jts. Land log string @ 6453'. RIH w/1-1/4" tbg. perf'd sub, and F nipple. Hydrtest. Land short string @ 3090'. NDBOP. NUWH. Ran slick line in 2-3/8" tbg and retrieve circ. blanking plug. Knock plug out of short string w/N₂. Flowing Chacra to clean up. Swabbed Dakota in.

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

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

SIGNED Carley Station TITLE Div. Asst. Adm Mgr DATE 5/27/81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

Dean Elliott