

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: 2400' FSL 1150' FWL
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:

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RECEIVED

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

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.)*

1/8/82 - SICP 700 PSI. Blew well dn. RIH w/tbg, SN and pmp out plug. Tagged SN @ 7675'. CO to PBTD w/N2 and foam. Landed tbg @ 7612' in BOP. Kicked well around w/N2. Wouldn't flow.

1/9/82 - SICP 2200 PSI, well flwg very little. Made 4 swb runs and started flwg. Flwg to CU.

1/10/82 - Well not flwg. CP 600 PSI.

1/12/82 - SICP 1200 PSI. Well not flwg. Swbd 3 hrs and well started flwg. Flwg to CU.

1/13/82 - SICP 700 PSI and well not flwg. Made 2 swb, well kicked off and flwd 3 hrs and died. Md 1 swb run and rec'd 1/4 BF. Well flwg very weak.

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

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

SIGNED Sandra Peron TITLE Production Analyst DATE 1/15/82
Sandra Peron

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

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JAN 21 1982

BY Sm