

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: 1300' FSL 1190' 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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	

SUBSEQUENT REPORT OF:

100-443886-100

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

5. LEASE SF-080000	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Florance	
9. WELL NO. 126	
10. FIELD OR WILDCAT NAME Basin Dakota	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T29N R9W	
12. COUNTY OR PARISH San Juan	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 5626' gr.	

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).*

1/7/82 - MIRUSU.

1/8/82 - Killed well. NDWH. NUBOP. POOH w/tbg. Found split jt of tbg 25
jts off btm. Pt tbg back in hole to 500 PSI. NDBOP, NUWH. Retrieved
blanking plug. Kicked well around w/N2 and left flwg. RDMOSU.

Chacra Dakota land plat is required
5 copies

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

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

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

(This space for Federal or State office use)

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

***See Instructions on Reverse Side**

NMOCC