Form 9–331
Dec. 1973

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:

5. LEASE
SF-0800

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T29N R9W

12. COUNTY OR PARISH   13. STATE
San Juan   New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5626' gr.

16. CHECK APPROPRIATE 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)

(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.)*

Tenneco respectfully requests permission to change the zone on this well from Basin Dakota to Chacra-Dakota dual.

A temporary survey was done on the remedial cement job which was performed 11/21/81. It showed cement in the annulus from 0'-1700'.

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

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

SIGNED _____ Saundra _____ TITLE Production Analyst DATE   12/22/81

APPROVED   (This space for Federal or State office use)

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

For JAMES F. SIMS
DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCC