

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: 1030' FSL 805' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

5. LEASE
NM-012647

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Riddle B

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22 T31N R9W

12. COUNTY OR PARISH
San Juan

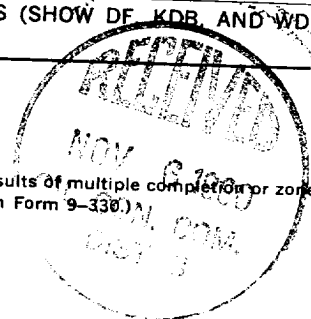
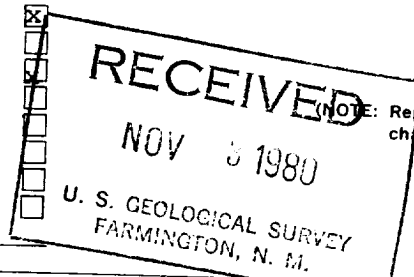
13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DE, KDB, AND WD)
6260 gr.

- 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) csg. report

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.)*
10/8/80

Run 20 jts. 11.6# & 89 jts. 10.5# 4 1/2" csg. Set @ 7708, TOL @ 3289'
Run 112 jts. (3478') of 4 1/2" 10.5# csg. w/Bowen csg. patch. Tie string back together set csg. slips w/80,000#. Drill out latch collar. Attempt to circulate backside of csg. Not successful. TIH w/perf gun. Perf @ 7680. Establish circulation through perfs. Cmt w/150sx 50/50 POZ mix w/6% gel down 7" x 4 1/2" annulus from top. Finish TIH w/2-3/8" tbg. land @ 7664' KB. Release rig 10/13/80.

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

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

SIGNED Carly Station TITLE Asst Div Adm Mgr DATE 10-22-80

(This space for Federal or State office use)

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

77000

BW