

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: 1060' FSL 980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

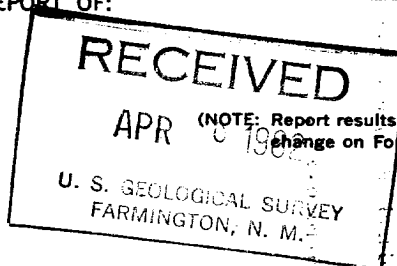
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:

☒
☒
☒
☐
☐
☐
☐
☐
☐



5. LEASE
SF-078336

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Florance

9. WELL NO.
18R

10. FIELD OR WILDCAT NAME
Und. Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T30N R9W

12. COUNTY OR PARISH | 13. STATE
San Juan | NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6191' 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.)*

3/31/82 - - Cont'd - - Acidized w/1000 gal wgt 15% HCL and 59 1.1 SG ball slrs. Ball off complete. Roundtripped junk basket to PBTD. Frac'd w/103,000 gal 1% KCL wtr and 100,000# 20/40 SD. AIR 102 BPM, AIP 2200 psi. Max rate 118 BPM and 2800 psi. ISIP vacuum. RIH w/2-3/8" tbg and RBP retrieving head to 3100. 3/31/82 - RIH w/tbg and retrieving head. Tagged SD @ 4730. CO to RBP @ 4890' w/foam. Latched and POOH w/RBP. RIH w/2-3/8" tbg w/pmp out plug & SN 1 jt off btm. Tagged SD @ 5285'. CO SD to 5380 w/foam. Landed tbg @ 5258', total of 174 jts in well. RDMOSU. Kicked well around w/N2. Left flwg.

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

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

SIGNED Denise Wilson TITLE Production Analyst DATE 4/1/82
Denise Wilson

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

APR 10 1982

NMOC

FARMINGTON DISTRICT

BY SMH