

~~AMENDED~~

Form Approved.
Budget Bureau No. 42-R1424

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 ☐ gas ☒ other
-
2. NAME OF OPERATOR
Tenneco Oil Company
-
3. ADDRESS OF OPERATOR
P. O. Box 3249, Englewood, Colorado 80155
-
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1530' FSL, 885' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
-
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | | |
|--|-------------------------|
| 5. LEASE
USA SF-078039 | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME | |
| 8. FARM OR LEASE NAME
Barnes | |
| 9. WELL NO.
17 | |
| 10. FIELD OR WILDCAT NAME
Basin Dakota | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22 T32N, R11W | |
| 12. COUNTY OR PARISH
San Juan Co., | 13. STATE
New Mexico |
| 14. API NO. | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD)
6463' GR | |

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- | | | |
|---------------------------|--------------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) Amend T.D. Report | | |

RECEIVED

JUL 13 1982

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

U. S. GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

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.)*

5-5-82: TF sq. D.C. Reach TD of 7904' @ 12:15 a.m. 5-6-82. Blow hole, POOH, RU and log.

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

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

SIGNED Alvin Wilson TITLE Production Analyst DATE July 7, 1982

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE ~~ACCEPTED FOR RECORD~~

JUL 14 1982

***See Instructions on Reverse Side**

FARMINGTON DISTRICT

BY SA

NMOCC