

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.)

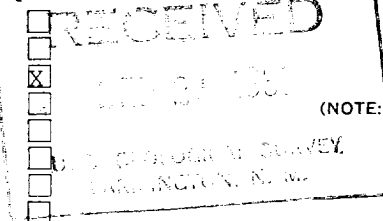
1. oil ☐ gas ☒ other ☐
well well
2. NAME OF OPERATOR
Tenneco Oil Company
3. ADDRESS OF OPERATOR
P. O. Box 3249, Englewood, CO 80155
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1725' FNL 800' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

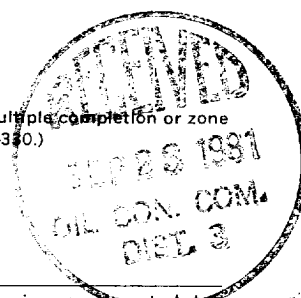
REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:



(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.)*

9/10/81 - MIRUSU. Install BOP. RIH w/tbg and bit to TOL.
9/11/81 - Tagged cmt @ 7300'. Drill out to 7433'. PT csg to 3500 psi. Ok.
Circ hole clean w/1% KCL water and spotted 500 gals 7-1/2% HCL @ 7422'. POOH w/tbg and bit.
9/12/81 - Perf'd Dakota w2 JSPF from 7368-72', 7404-06', 7414-22' (14', 28 holes). Break down perfs @ 2300 psi. Acidize down csg w/640 gals 15% weighted HCL and 48 balls. Balled off. Ran wireline JB to 4185'. Unable to go any further. POOH and found cmt and JB. RIH w/tbg and 6-1/4" bit. Tagged cmt @ 4000'. Drld out 250' cmt and was able to go to TOL. POOH w/tbg and bit. RIH w/sawtooth collar to TOL.

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

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

SIGNED David M. Lane TITLE Production Analyst DATE 9/15/81

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC