

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 Wildcat

2. NAME OF OPERATOR

TransOcean Oil, Inc.

3. ADDRESS OF OPERATOR 77002

1700 First City East, 1111 Fannin, Houston Tx

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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*

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(other) SUBSEQUENT REPORT OF ABANDONMENT

OIL CONSERVATION DIVISION
SANTA FE

RECEIVED
JUN 13 1979

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

5. LEASE	MOOC 142001021
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	ISLETA PUEBLO
7. UNIT AGREEMENT NAME	N/A
8. FARM OR LEASE NAME	ISLETA #1
9. WELL NO.	#1
10. FIELD OR WILDCAT NAME	Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Sec 8, 8N 3E
12. COUNTY OR PARISH	Bernalillo
13. STATE	N.M.
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	5264' GL

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.)*

1. Set cmt plug at 9700-9500' (100 sx CI "B" + 3% D-28 RET)
2. Set cmt plug at 8950-8750' (100 sx CI "B" + 3% D-28 RET)
3. Set cmt plug at 8400-8200' (100 sx CI "B" + 3% D-28 RET)
4. Set cmt plug at 5500-5200' (225 sx CI "B" NEAT).
5. Set cmt plug at 700-500' (125 sx CI "B" NEAT).
6. Set Dry Hole marker w/50 sxs CI "B" NEAT at surface.
7. Cleaned up surface location.

PLUGS SET NOVEMBER 17/78.

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

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

SIGNED C.S. Jones TITLE Manager DATE June 8, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 14 1979