PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\*

## UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Form 9–331	Form Approved. Budget Bureau No. 42–R1424			
UNITED STATES  DEPARTMENT OF THE INTERIOR	<b>5.</b> LEASE NM-17192			
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME			
(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.)	8. FARM OR LEASE NAME			
1. oil gas y	Grover			
1. oil gas M other	9. WELL NO.			
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME			
Tenneco Oil Company	Undes. Fruitland			
3. ADDRESS OF OPERATOR P.O. Box 3249, Englewood, CO 80155	11. SEC., T., R., M., OR BLK. AND SURVEY OR			
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	AREA Sec, 14, T24N, R11W			
below.) AT SURFACE: 1790' FSL, 850' FEL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH San Juan NM			
AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	10: API NO. 30-045-25526			
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)			
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	14			
REQUEST FOR APPROVAL TO:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING	151983 GENERY			
SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING	(Not to Report results of multiple completion or zone change on Form 9-330.)			
MULTIPLE COMPLETE  CHANGE ZONES  BUREAUNOTO  BUREAUNOTO	151983 (No) The Report results of multiple completion or zone change on Form 9-330.)			

(other) 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.)\*

11/17/83: Perf'd w/2 JSPF fr 1031' to 50' (19', 38 holes). Acidized w/750 gals 15% HCl w/500 scf N<sub>2</sub> per bbl.

12/06/83: RDMO swab unit.

Subsurface Safety Valve: Manu. and Type			Set @ _		Ft.
18. I hereby certify that the foregoing is tr	ue and correct	ATE _	12-9-	3	
	(This space for Federal or State office use)				
APPROVED BY	TITLE I	DATE	ACCEPTED F	UR REC	ORD

\*See Instructions on Reverse Side

DEG 18 1983

FARMINGTON RESOURCE AREA