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.)

5. LEASE
NM-17192

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Grover

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: 1790' FSL, 850' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Undes Fruitland *CO.PC*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14, T24N, R11W

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

14. API NO.
30-045-25526

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6493' GR

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*	☐	☒
(other)		

RECEIVED

FEB 27 1984

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)*

2/21/84: MIRU cementers. Estab'd rate into perfs w/H_2O. Cmt'd w/75 sxs w/75sx,86cf Class H. cmt. Max press = 350 psi. Left csg full of cmt. RDMO cementers.
Cut off wellhead & install dry hole.

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FEB 29 1984

OIL CON. DIV.
DIST. 3

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

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

SIGNED _____ TITLE Sr. Prod. Analyst DATE 2/23/84

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC