

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
720 S. Colorado Blvd., Denver, CO 80222
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 800' FNL and 1485 FEL, Unit B
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:

☒
☒
☐
☐
☐
☐
☐
☐

5. LEASE
09-000108
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla, Dulce, NM
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla "C"
9. WELL NO.
8-A
10. FIELD OR WILDCAT NAME
Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 13, T 26N, R 5W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6842' GL

(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.)*
10-30-78 to 11-2-78

SPOTTED 300 GAL. 15% HCL. PERFED 5194' TO 5214" GR w/2 JSPP. BROKE DOWN FORMATION W/ 650 GAL 15% HCL. BREAK DOWN PRESS @ 2800#. DROPPED BACK DOWN TO 1500# WHEN ACID HIT FORMATION

PUMPED 1000 BBL WATER PAD. FRACED W/1324' BBLs WATER AND 70,000# 20/40 SAND ATR: 60 BBLs/MIN. ATP: 2000#. PRESS BLEED OFF TO 200# in 15 MIN.

SI WELL W/880# PRESS ON CSG.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Robert L. Lench TITLE Div. Admin. Supervisor DATE 11-15-78

(This space for Federal or State office use)

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

