UNITED STATES

Buuget Bureau No. 42-R142	+
5. LEASE	
SF-078641-A	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
<u> 1-149-IND-9198-</u>	
7. UNIT AGREEMENT NAME	_
	_
8. FARM OR LEASE NAME	_
Dehli-Taylor 🚅 D.	
9. WELL NO.	
<u>1-E</u> <u>↑₹2</u> , 1 1 1 3 7 1	
10. FIELD OR WILDCAT NAME	
Basin Dakota	
11. SEC., T., R., M., OR BLK. AND SURVEY C	F
, AREA	
Sec. 3; T26N; R11W	
12. COUNTY OR PARISH 13. STATE	_
San Juan New Mexico	
14. API NO.	

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.) $\frac{1}{2} \int_{-\infty}^{\infty} \frac{1}{2} \left(\frac{1}{2} \int_{-\infty}^{\infty}$ 1. oil gas well well 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.) 990'FNL 900'FWL, Unit D AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6272 'FL SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: **TEST WATER SHUT-OFF** FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* Status Report: Completion (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.)* 12/21/79-1/16/80

MIRUCU. Spotted 500 gal $7\frac{1}{2}\%$ acid. Perf'd Dakota @ 6294'-6333' and 6356'-6384'. Acidized w/1500 gal 15% HCL and 198 holes. Frac'd w/195_000# sand in 80,000 gal 30# crosslinked gel. Landed 2 3/8" tubip 6 6293". RDMOSU on 12/28. Well died overnight. Moved on swabbing with MEUSU 1/2/8 Made 3 swab runs until.flowing. On 1/8, shut in well pending ADF test.

Subsurface Safety Valve: Manu. and Type Set @ certify that the foregoing is true and correct -Admin. Supervisor 1/17/80-SIGNED DATE (This space for Federal or State office use) APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: