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

Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE SF-079679
DEPARTMENT OF THE INTERIOR 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 Dehli Taylor
1. oil gas 💢 other	9. WELL NO.
2. NAME OF OPERATOR Tenneco Oil Company	10. FIELD OR WILDCAT NAME · Basin Dakota
3. ADDRESS OF OPERATOR 720 S. Colorado Blvd., Denver, CO 80222	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 990'FNL, 1550'FWL	AREA Sec. 17, T26N; R11W
AT SURFACE: AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6147 GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE SUBSEQUENT REPORT OF: U U U U U U U U U U U U U	
REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
CHANGE ZONES ABANDON* (other) Status Report; Spud, Surface, Production	csg.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is comeasured and true vertical depths for all markers and zones pertined	mechania dimed, kite substitute teattern and
12/4-12/14/79	
Spudded 12 1/4" hole on 12/4/79. Ran 12 joi at 523'. Cmt. w/450 sxs class B and 2% CACL2 and resumed drilling. Reached TD of 6198' or 10.5# csg and set @ 6198'. Cmt 1st. stage w/Tailed in w/150 sxs CLB. Cmt 2nd. stage w/14 Released rig 12/14/79. WOCU.	12/13/79. Ran 157 jts. of 4 1/2" 330 sxs 50/50 Pozmix and 4% gel. 30 sxs 50/50 Pozmix w/4% gel. PD.
J. 6. (4.	OIL CONT. 3
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct Admin. Supervision	/isor DATE 1/7/80
(This space for Federal or State o	ffice use) ACCEPTED FOR RECORDS
APPROVED BY TITLE TOTALL CONDITIONS OF APPROVAL, IF ANY:	DATE
NIAAOOO'	FARMINGTON DISTRICT