UNITED STATES

	5. LEASE
	SF-079319
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	7. UNIT AGREEMENT NAME
ent	
	8. FARM OR LEASE NAME
	Schwerdtfeger A
	9. WELL NO.
	6E
	10. FIELD OR WILDCAT NAME
	Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OF
17	AREA
	Sec 8 T27N R8W
	12. COUNTY OR PARISH 13. STATE
	San Juan New Mexico
	14. API NO.
CE,	
	15. ELEVATIONS (SHOW DF, KDB, AND WD

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 differ reservoir. Use Form 9–331–C for such proposals.) gas well X other well 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 below.) AT SURFACE: 1120' FNL 940' FWL "D" AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple change on Form 9-339.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (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.)* 1/28/81. Drilled to TD of 6959'. 1/28/81. TOH. RU G.O. and log. RU and run 85 jts (3888') of $4\frac{1}{2}$ " 10.5# csq set @ 6935'. TOL @ 3032'. Cmt w/250sx 65/35 5 POZ mix w/6% gel and .6% NSL-2 (retarder). Tail in w/150sx Class B and 6%

NSL-2. PD. Reverse out. Release rig. 1/29/81.

Subsurface Şafety Valve: Manu. and Type			Set @	Ft.
18. I hereby certify that the foregoing is t	rue and correc	et Asst.Div.Adm.Mgr.date	2 February, 1981	
- ACOLL LOS AND ASSESSMENT OF THE PROPERTY OF	(This space fo	r Federal or State office use)		
APPROVED EVB 1 9 1981 CONDITIONS OF APPROVAL, IF ANY:	TITLE .	DATE		
BY _ BARMINGTON DISTRICT			NMCCC	