

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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
P. O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1100' FNL 1800' FWL
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:

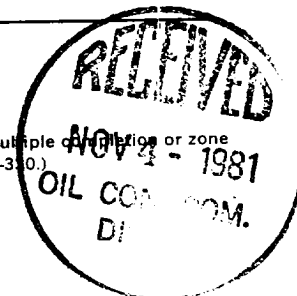
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U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(Not Report results of multiple completion or zone change on Form 9-330.)



5. LEASE
NM 03549
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gooch

9. WELL NO.
2E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29, T28N R8W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5870' gr.

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.)*

10/3/81 - WOCU.
10/13/81 - MIRUSU.
10/16/81 - Perf'd Dakota w/2 JSPF 6570-84', w/1 JSPF 6642-52', 6665-73', 6683-90', 6704-08' (43' 57 holes). Acidize and balled off w/1700 gals 15% weighted HCL and 86 1.1 SG ball slrs. Frac'd Dakota w/90,000 gals 30# XL gel and 190,000# 20/40 SD.
10/17/81 - Tagged SD fill @ 5600'. Landed bottom of tbq @ 6640'. Kicked well around w/N2, left flwg. RDMOSU.
10/18/81 - Flwg to CU.
10/22/81 - SI for AOF.

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

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

SIGNED Sandra J. Peron TITLE Production Analyst DATE 10/28/81

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC