

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 well ☐ gas well ☒ 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: 1060' FNL 1560' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: same
- 
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- |  |                                |
|--|--------------------------------|
| <b>5. LEASE</b><br>SF-080246   |                                |
| <b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>                                  |                                |
| <b>7. UNIT AGREEMENT NAME</b>  |                                |
| <b>8. FARM OR LEASE NAME</b><br>Florance                                     |                                |
| <b>9. WELL NO.</b><br>127  |                                |
| <b>10. FIELD OR WILDCAT NAME</b><br>Basin Dakota                             |                                |
| <b>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b><br>Sec. 21, T29N R9W |                                |
| <b>12. COUNTY OR PARISH</b><br>San Juan                                      | <b>13. STATE</b><br>New Mexico |
| <b>14. API NO.</b>   |                                |
| <b>15. ELEVATIONS (SHOW DF, KDB, AND WD)</b><br>5708' gr.                    |                                |

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- |                      |                          |
|----------------------|--------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> |
| FRACTURE TREAT       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> |
| REPAIR WELL          | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE    | <input type="checkbox"/> |
| CHANGE ZONES         | <input type="checkbox"/> |
| ABANDON*             | <input type="checkbox"/> |

- |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

(other) Request extension of approval

(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.)\*

Tenneco respectfully requests an extension of approval on the Application for Permit to Drill for the above referenced well.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Don H. Harrison TITLE Production Analyst DATE 12/8/81

(This space for Federal or State office use)

(Orig. Sgd.) **RAYMOND W. CONYARD**

RAYMOND W. VINYARD

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

~~TITLE ACTING DISTRICT SUPERVISOR~~

DATE \_\_\_\_\_

DEC 11 1981

Extended to 7-5-82

2

**\*See Instructions on Reverse Side**

NMOCC