

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
Box 3249 Englewood, Colorado 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 480 FSL 800 FEL "P"
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) Remedial Work ☒

SUBSEQUENT REPORT OF:

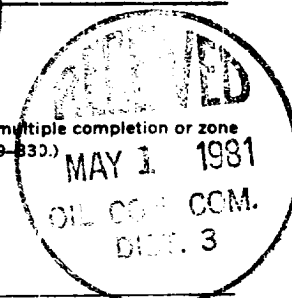
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RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

APR 17 1981

U.S. GEOLOGICAL SURVEY



5. LEASE
SF-068990

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hudson E

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Fulcher Kutz

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 33 T30N R12W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5729' KB

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.)*

10/16/80. Well flowing water and foam to pit. Killed well w/1% KCL water. TIH w/1 1/2" 2.4# production tbg. Tagged sand fill @ 1820'. Clean out to 1900' W/N₂. Laid down 3jts and killed well w/1% KCL water. Landed tbg in wellhead. RU and flow to pit. Landed 1 1/2" 2.4# tbg @ 1798' w/SN @ 1763'. Kicked well around w/N₂. Left open to flow. Release rig 10/16/80.

Subsurface Safety Valve: Manu. and Type

ACCEPTED FOR RECORD

Set @ _____ Ft.

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

SIGNED Carley M. Peters TITLE Asst. Div. Adm. Mgr. DATE April 13, 1981

(This space for Federal or State office use)

BY RB

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

WMOCC