Form Approved. Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

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| SF-078095 | | |
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| ١. | IF INDIAN, | ALLOT | EE OR | IKIRE | NAME |
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| GEOLOGICAL SORVET | | | |
|--|--|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different | 7. UNIT AGREEMENT NAME | | |
| reservoir. Use Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME | | |
| 1. oil gas | Case "A" | | |
| well well other | 9. WELL NO. | | |
| 2. NAME OF OPERATOR | 11 | | |
| Tenneco Oil Company | 10. FIELD OR WILDCAT NAME | | |
| 3. ADDRESS OF OPERATOR | Basin Dakota | | |
| P. O. Box 3249, Englewood, CO 80155 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR | | |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA | | |
| below.) | Sec. 19, T31N R11W | | |
| AT SURFACE: 860' FNL 790' FWL | 12. COUNTY OR PARISH 13. STATE | | |
| AT TOP PROD. INTERVAL: AT TOTAL DEPTH: | San Juan New Mexico | | |
| | 14. API NO. | | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | | | |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) | | |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | 6056' gr. | | |
| TEST WATER SHUT-OFF | | | |
| FRACTURE TREAT | - | | |
| SHOOT OR ACIDIZE RECEI | VED | | |
| REPAIR WELL | (NOTE: Report results of multiple completion or zone | | |
| PULL OR ALTER CASING SEP 18 | 198 change on Form 9–330.) | | |
| MULTIPLE COMPLETE | | | |
| ABANDON* U. S. GEOLOGIC | AL SURVEY | | |
| (other) Reseeding of location FARMINGTO | N, N. M. | | |
| | | | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined | lirectionally drilled, give subsurface locations and | | |
| 9/9/81 - Reseeding operations as requested pe | er USGS letter dated 4/22/81 | | |
| for the above captioned well have been complete | | | |
| | the state of the s | | |



| Subsurface Safety Valve: Manu. and Typ | pe | | Set @ Ft. |
|--|--|----------|---------------------|
| 18. I hereby certify that the foregoing is | s true and correct | | |
| SIGNED Dard M. Man | TITLE Production Analyst | DATE | 9/11/81 |
| | (This space for Federal or State office use) | - | |
| APPROVED BY | TITLE | _ DATE _ | |
| CONDITIONS OF APPROVAL, IF ANY: | | | ACCEPTED FOR RECORD |

*See Instructions on Reverse Side

SEP 17 1981

FARMINGTON DISTRICT