## UNITED STATES DEPARTMENT OF THE INTERIOR

| 5. LEASE  | = :      | - |
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| SF-078051 | y y<br>Y | 1 |

| UNITED STATES  DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY  | 5. LEASE SF-078051 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
|---|---|
| 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.)   | 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME  |
| 1. oil ges 🔯 other  | Mudge Com B   |
| 2. NAME OF OPERATOR Tenneco Oil Company   | 10. FIELD OR WILDCAT NAME   |
| 720 S. Colo. Blvd., Denver, CO 80222  | Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR  |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1660 FNL, 810 FWL, Unit E AT SURFACE: AT TOP PROD. INTERVAL:   | AREA Sec. 14; T31N; R11W  12. COUNTY OR PARISH 13. STATE San Juan 2 5 New Mexico  |
| AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  | 14. API NO.   |
| REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:   | 15. ELEVATIONS (SHOW DE KOR, AND WD)  |
| TEST WATER SHUT-OFF  FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) REPORT ON COMPLETION OPERATION NOT ON NOT OTHER PROPERTY.   | (NOTE Report results of additiffs completion of an change of liberal 330.)  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is different measured and true vertical depths for all markers and zones pertiner 5/8-5/12/80  MIRUCU on 5/2. Perf'd Dakota @ 7110-22, 7200-(112 holes). Acidized w/2000 gal 15% HCL and 1% KCL water containing 40#/1000 mini max 2 % sand and 25000# 10/20 sand. Landed 2 3/8" tbg w/N2. Released Rig 5/12/80. | 19, 9232-36, 7254-60, 7282-85, 100 holes. Fracid w/80050 gal (L gel and carrie) in 80000# 20/40 g 0 7082'. NDBOP. Kicked well   |
| ACCEPTED FOR REC  |   |
| JUN 3 1980  | The of being and the second of  |
| Subsurface Safety Valve: Manu. and Type   | Single Part of the  |
| 18. I hereby certify that the foregoing is true and correct BIGNED TITLE Admin. Superv  | matect<br>property<br>of constraints<br>of co |
| (This space for Federal or State of   | ffice use)  |
| CONDITIONS OF APPROVAL, IF ANY:   | DATE DATE DATE DATE DATE DATE DATE DATE   |