5. LEASE

UNITED STATES ARTMENT OF THE INTERIOR

DEPARTMENT OF THE MITERIOR &	SF-078097
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS 104 WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug page (1) to differences everyoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
nist.	Heaton Com B
1. oil gas well other	9. WELL NO.
2. NAME OF OPERATOR	3
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 1	 !
halour)	Sec. 33, T31N R11W
AT SURFACE: 1750' FNL 1070' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE	E,
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	5860' gr.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF	
FRACTURE TREAT	and the second
SHOOT OR ACIDIZE	•
REPAIR WELL U	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	diange on Form 5 coo.
CHANGE ZONES	
ABANDON*	
(other)	 Supplied to the second of the s
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stincluding estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertired.)	s directionally drilled, give subsurface locations and
12/23/81 - MIRUSU. Install BOP. RIH w/bit a	and tbg. Drill out to FC. Test csg
to 3500 PSI. Circ hole w/1% KCL wtr. Spot 5	
12/24/81 - Ran GR/CCL. Perf'd Dakota w/2 JSI	
36 holes. Acidize and ball off w/800 gal 159	
Acid away @ 31 BPM and 2500 PSI. Ball off co	
PSI, ISIP 1800, 15 min SI 1600. Total fluid	
	00,000 gai 40# AL gel and 129,000#
20/40 SD.	GD 5122 A 60701 GO L. DDWD /5
12/25/81 - RIH w/tbg, SN, pump out plug. Tag	
Kill tbg, land @ 6884'. NDBOP, NUWH, RDMOSU	. Kick well around w/NZ. Left flwg.
12/26/81 - Flwg to CU.	
Subsurface Safety Valve: Manu and Type	Set @ Ft.

(This space for Federal or State office use)

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

____ DATE _

_ TITLE Production Anlayst DATE _____ 12/30/81

ACCEPTED FOR RECORD

JAN 12 1982

FARMINGTON DISTRICT

NMOCC

____ TITLE ___

Snn