

M.C.D. COPY

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
6800 Park Ten Blvd., San Antonio, Texas
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 660' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- | | | |
|----------------------|-------------------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) | | |

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.)*

1. RUSU. NUBOP. Shoot build level.
2. PU tbg. and packer and RIH. Set packer ± 11050'.
3. Swab test and evaluate.
4. Pull tubing and packer.
5. Perforate 11474-80, 486-501, 504-514, 518-540 with 1 JSPF.
6. RTG and treating packer and set packer ± 11350' and acidize per recommendation. (A recommendation will be obtained to acidize using apx 100-150 gals per ft + blocking or diverters).
7. Swab test and evaluate.
8. Proceed to put on production if results are favorable economically.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

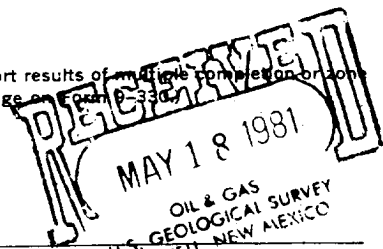
SIGNED May Hall TITLE Production Analyst DATE 5-12-81
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

5. LEASE
NM-0107697
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jones, Federal "D"
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Lusk Strawn
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T19S, R31E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3540' GL

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)



APPROVED

MAY 21 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR