

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 a well or to plug back a well or to seal a reservoir. Use Form 9-331-C for such proposals.)

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MAY 19 1980

1. oil ☐ gas ☒ other ☐
well well

2. NAME OF OPERATOR

TENNECO OIL COMPANY

3. ADDRESS OF OPERATOR

6800 Park Ten Blvd., San Antonio, TX. 78213

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1650' FNL & 1980' FEL

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) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE	NM-0374057-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	Catclaw Draw
8. FARM OR LEASE NAME	Catclaw Draw Unit
9. WELL NO.	5
10. FIELD OR WILDCAT NAME	Catclaw Draw Morrow
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Sec. 25-21S-35E
12. COUNTY OR PARISH	Eddy
13. STATE	NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	3514 KB

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

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.)*

As per conversation with USGS on 5-9-80 approval was given to repair by cement squeeze a casing leak at 4208'-4271'. This will be done thru a cement retainer down thru tubing. After drilling out casing will be tested to 500#.

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O. C. D.

ARTESIA, OFFICE

Set @ _____ Ft.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED May Hall

TITLE Production Analyst

DATE May 15, 1980

GEORGE H. STEWART (This space for Federal or State office use)

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: _____

TITLE _____

DATE _____