

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N.M.O.C.D. COPY

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 San Antonio, Texas 78213
6800 Park Ten Blvd., Suite 200 N.
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL & 2310' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Ran & Cmt'd 5-1/2" casing

RECEIVED

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

AUG 18 1980

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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.)*

Ran 60 jts of 5-1/2" 17# N-80 LTC (2446.21'), 193 jts of 5-1/2" 17# K-55 LTC (7555.80') and 15 jts of 5-1/2" 17# N-80 LTC (638.72'). Cmt'd w/200 sx pacesetter light + 1% CF-10 + 2% KCL W= 12.7 ppg Y = 1.94 CF/SX tailed-in w/800 sx shallow seal + 1.5% CF-9 + 2% KCL W = 15.6 ppg y = 1.18 CF/SX used spaces ahead of cmt consisted of 10 BBL "APS-2". Calculated top of cmt 8000'. Plug down @ 7:30 a.m. w/2500 psi on 8/9/80. Tested head w/3000 psi OK. Released rig @ 6:00 a.m. 8-10-80.

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

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

SIGNED Mary Hall TITLE Production Analyst DATE 8/13/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE P. Chester DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 9 1980

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*See Instructions on Reverse Side

