UNITED STATES DEPARTMENT OF THE INTERIOR

	Form Approved. Budget Bureau No. 42-R1424
Γ	5. LEASE
l	NM-17192
-	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-	7. UNIT AGREEMENT NAME
ľ	8. FARM OR LEASE NAME
1	Grover
Ì	9. WELL NO.
-	2
١	10. FIELD OR WILDCAT NAME
-	Undes. Fruitland
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
-	AREA
	Sec, 14, T24N, R11W
	12. COUNTY OR PARISH 13. STATE NM
اتهم	*NE*API NO.
_	30-045-25526
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
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	5,082 WENT
3	NAGEARER
	51983 NOTE OF AREA (NOTE OF
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GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME		
(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.)			
4 - 11 - GOC	Grover		
well well other	9. WELL NO.		
2. NAME OF OPERATOR	2 10. FIELD OR WILDCAT NAME		
Tenneco Oil Company	Undes. Fruitland 11. SEC., T., R., M., OR BLK. AND SURVEY OR		
3. ADDRESS OF OPERATOR			
P.O. Box 3249, Englewood, CO 80155	AREA		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec, 14, T24N, R11W		
below.) AT SURFACE: 1790' FSL, 850' FEL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE NM		
AT TOTAL DEPTH:			
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-045-25526		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	N. T.		
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING	51983 (Note Report results of multiple completion or zone change on Form 9-330.)		
REPAIR WELL	change on Form 9-330.)		
PULL OR ALTER CASING UMULTIPLE COMPLETE	V RES		
CHANGE ZONES			
ABANDON*			

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.)*

11/17/83: Perf'd w/2 JSPF fr 1031' to 50'. (19', 38 holes). Acidized w/750 gals 15% HCl w/500 scf N_2 per bbl. . . .

12/06/83: RDMO swab unit.

Subsurface Safety Valve: Manu. and Type			Set @		Ft.
18. I hereby certify that the foregoing is tr	ue and correct тітье <u>Production</u>	Analys toate	12-9-	83	
	(This space for Federal or State	office use)			
APPROVED BY	TITLE	DATE	ACCEPTED !	FUR RECOF	RD.

*See Instructions on Reverse Side

DEG 18 1983

FARMINGTON RESOURCE AREA

NMOCC