Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

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
720 S. Colorado Blvd., Denver, CO 80222

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1610' FSL and 920' FEL, Unit I
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
09-000108

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla, Dulce, NM

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla "C"

9. WELL NO.
7-A

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 13, T26N, R5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7320' GL

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)

(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.)*

1-8-79

Drilled 8 3/4" hole to 4150'. Set 112 Jts of 7", 23#, K-55 casing @4150'.
Cemented with 750 Sx of Howco lite cement with 2% CaCl. Bumped plug
with 200 psi. Lost circulation. WOC 12 hours. Reduced hole 6¼" and resumed
drilling.

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

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

SIGNED _____ TITLE Div.Admin.Supervisor DATE 1-15-79

(This space for Federal or State office use)

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

*See Instructions on Reverse Side