Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42-R1424

5. LEASE

UNITED STATES

DEPARTMENT OF THE INTERIOR	Contract 108	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAM	ΙE
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.)	7. UNIT AGREEMENT NAME	
reservoir. Use Form 9–331–C for such proposals.)	O. FARM OR LEASE NAME	
1. oil gas XXI other	Jicarilla "C"	
Well — Well Gener	9. WELL NO.	
2. NAME OF OPERATOR	2E	
Tenneco Oil Company	10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR	Blanco Mesaverde/Basin Da	
720 S. Colo. Blvd., Denver, CO 80222	11. SEC., T., R., M., OR BLK. AND SURV	EY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17		
below.) AT SURFACE:	Sec. 14; T26; R5W 12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL:	1	_
AT TOTAL DEPTH:	Rio Arriba New Mexic	<u>o </u>
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	_ 14. AFI NO.	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND	- WD)
	6713 'GR	, אאר
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	0/13 dr	
TEST WATER SHUT-OFF		
FRACTURE TREAT SHOOT OR ACIDIZE		•
REPAIR WELL	(NOTE: Bonest results of results as	•
PULL OR ALTER CASING	(NOTE: Report results of multiple completion change on Form 9-330.)	or zone
MULTIPLE COMPLETE		
CHANGE ZONES		7
ABANDON*	n en	
(Olioi)		•
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen 7/24-7/31/80 Drilled 8 3/4" hole to TD of 5900'. Ran 144 stage w/150 sx BJ Lite, 1/4# Flocele, Tail w tool, Circ 4 hrs. Cmt 2nd stage w/980 sx BJ-slips, cut off 7" csg. Test to 1000PSI. Pick tool @ 4861. Ran 18 jts, 11.6# 30 jts 10.5 4 sx Class B and 6% D-19.	directionally drilled, give subsurface location to this work.)* jts of 7" 23# K-55 csg. Cmt w/150 sx Class B. Open DV -Lite.Circ 20 BBL mud flush. k-up 3 1/2" DP. Drill out DV	lst Set
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct ASST. Div. Admin. Ma		Ft.
ACCEPTED FUR PECURITY (This space for Federal or State off	fice use)	

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

_____ TITLE ______ DATE ___