

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 ☐ gas ☒ other ☐
well well
2. NAME OF OPERATOR
Tenneco Oil Company
3. ADDRESS OF OPERATOR
720 So. Colorado Blvd., Denver CO 80222
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1800' FSL 890' 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* ☐

SUBSEQUENT REPORT OF:

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☐
☐
☐
☐
☐
☐

(other)

5. LEASE

Contract 108

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla C

9. WELL NO.

2E

10. FIELD OR WILDCAT NAME

Blanco Mesaverde/Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 14; T26N; R5W

12. COUNTY OR PARISH 13. STATE
Rio Arriba New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6713' gr.

RECEIVED
OCT 14 1980

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(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.)*

7/24/80 - 7/31/80

Ran 144 jts. of 7", 23# K-55 csg. at 5913'. Cmt 1st stage with 150 sx BJ Lite, 1/4#sx Flocele. Tail in with 150 sx CL-B. Open DV tool, circ 4 hours Cmt. 2nd stage with 980 sx BJ Lite, circ. 20 BBL mud flush. Set slips, cut off 7" csg. Test to 1000 PSI. PU 3 1/2" DP. Drill out DV tool at 4861', ran 18 jts. 11.6# 30 jts 10.5# 4 1/2csg. Set at 7749'. Cmt with 250 sx CL-B and 6% D-19.

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

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

Asst. Div.

SIGNED Charles W. Stettin TITLE Admin. Manager DATE 9/15/80

(This space for Federal or State office use)

APPROVED BY W. F. V. [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

OCT 16 1980

NMOCG

BY BH

*See Instructions on Reverse Side