LINITED STATES

| | ONITED 3 | INIES | 5. LEA | \SE | | |
|--|---|--|---|---|-------------------------------------|------------------------|
| DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY | | | | Contract #108 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | |
| | | | | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | 7. UNIT AGREEMENT 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.) | | | 8. FAI | 8. FARM OR LEASE NAME | | |
| 1. oil gas k other | | | Jio | Jicarilla C - | | |
| Well Well Street | | | | 9. WELL NO. | | |
| 2. NAME OF OPERATOR | | | | 6E 10. FIELD OR WILDCAT NAME | | |
| Tenneco 0il Company 3. ADDRESS OF OPERATOR | | | | Basin Dakota | | |
| Box 3249, Englewood, CO 80155 | | | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR | | |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | | | | AREA | | |
| below.) | • | | Space I/ | . 14, T26N, | R5W | |
| AT SURFACE: | 790' FNL 18 | 50' FEL "B" | | UNTY OR PARISH | | |
| AT TOP PROD. | | | | Arriba | New Me | exico |
| AT TOTAL DEP | TH: | | 14. API | NO. | | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | | | | 1 | | |
| REPORT, OR C | THER DATA | | 15 ELI | EVATIONS (SHOW | DF, KDB, At | ND WD) |
| REQUEST FOR APP | POVAL TO- | SUBSEQUENT REPOR | | 21 gr. | | |
| TEST WATER SHUTFRACTURE TREAT SHOOT OR ACIDIZ REPAIR WELL PULL OR ALTER C MULTIPLE COMPLE CHANGE ZONES ABANDON* (other) | E | | JUN (NOTE) | Report results of mu change on Form 9– | ultiple completion | |
| (Other) | | | | | 100 | Chick |
| including estim | nated date of starting | LETED OPERATIONS (C ng any proposed work. for all markers and zon | If well is directional | ly drilled, give sub | give pertinen surface locati | t dates, ons and |
| 4½ 827 sx out | ' 11.6# (36 j 75', collar @ Howco Lite. | 277'. POOH. La ts of 11.6#) and 8228' and top of Tail in 2/150s ment wash and 10 | d 10.5# (60 jt of liner @ 420 k Class B. Pl | ts 2434') K-! D5'. Cmt w/2 Lug down w/18 | 55 STC se 20 bbls CW 300 PSI. | t @ , 275 Revers |
| Subsurface Safety \ 18. I hereby certify SIGNED | _ | pe | | # # | | Ft. |
| | // | | | | | |
| | • | (This space for Federa | | e de la companya de La companya de la co | سعد فالجهلا | ന രമാ |
| APPROVED BY | | TITLE | | DATE | | |
| CONDITIONS OF APP | ROVAL, IF ANY: | | | | | |
| | | | // n _ | | 100 | 4 |

*See Instructions on Reverse Side