

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
Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1,120' FSL, 790' 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* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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RECEIVED

AUG 19 1982

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

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.)*

8/2/82: Finish logging, GIH, C&C, LDDP & DC. RU & run 136 jts (5,365') 7" 26# N-80 & C-95 LT&C set @ 5352', FC @ 5,313', DV @ 3511'. Circ & cond. RU & cmt 1st stage w/120 sx econolite + 1/4#/sx flocele, tail by 150 sx C1-B + 1/4#/sx flocele, preceded by 10 bbls flo-check. Didn't bump. PD @ 8:15 pm 8/2/82. Open stage tool. No cmt rtns. Circ & WOC. Cmt 2nd stage w/205 sx econolite + 2% CA CL₂ + 1/4#/sx flocele, tail by 100 sx C1-B + 1/4#/sx flocele. Preceded by 10 bbls flocheck. PD w/2500 psi @ 1:15 am 8/3/82. Circ. 5 bbls pre-flush. Set slips, cutoff, ND cellar & rig release @ 3:15 am 8/3/82.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED Dennis A. Wilson TITLE Production Analyst DATE August 10, 1982

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

AUG 24 1982

*See Instructions on Reverse Side

NMOCC

FARMINGT

BY

Sam