

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
P.O. Box 3249, Englewood, CO 80155

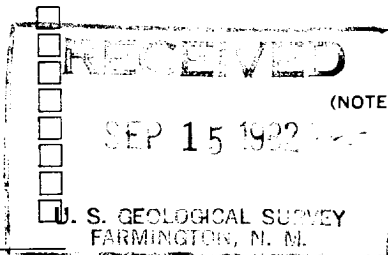
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120' FSL, 790' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

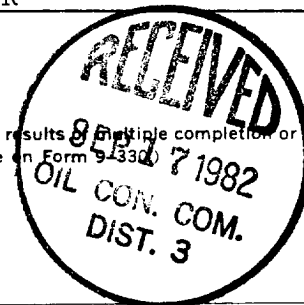
REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:



(NOTE: Report results of multiple completion or one change in Form 9-331-C)



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.)*

8/21/82 - MIRUSU, NDWH, NUBOP, RIH & tag PBTD, no sd fill, POOH w/tbg. RIH w/7" model "D" pkr. & expendible plug. Set pkr. @ 3950'. Fill hole w/2% KCL wtr & PT csg. to 3,000 psi, OK. Dmpd 2 sx sd on top of pkr. RIH w/4" csg. gun. Perf'd w/4 JSPF 3850-3854' (4', 16 holes). RIH w/tbg. & Pkr. Set pkr. @ 3600'. Estab rate into squeeze hole @ 2 BPM & 1200 psi. Squeezed w/200 sx Cl-B cmt. + 2% CACL₂ + 6-1/4# gilsonite. Got squeeze w/93 sx cmt. behind csg. (20 bbls). Released pkr., reversed out excess cmt. PU 4 stds, reset pkr. & repressed to 2,000 psi.

8/23/82 - Release pkr. POOH w/tbg. & pkr. RIH w/ tbg. & 6-1/8" bit. Drl. cmt. to btm. of squeeze holes. PT csg. to 3,000 psi. Held OK. Circ. hole w/2% KCL wtr, POOH w/tbg. RIH w/WL, ran CBL fr. 3850-3650', 85% bond fr. 3850-3785', dropped to less than 50% @ 3700'.

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

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

SIGNED Denise Wilson TITLE Production Analyst DATE 9/10/82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE **ACCEPTED FOR RECORD**

SEP 16 1982

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT
BY KI