

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
Tesoro Petroleum Corp.
3. ADDRESS OF OPERATOR
2000 1st of Denver Plaza, Denver CO 80202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 800' FNL X 1820' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

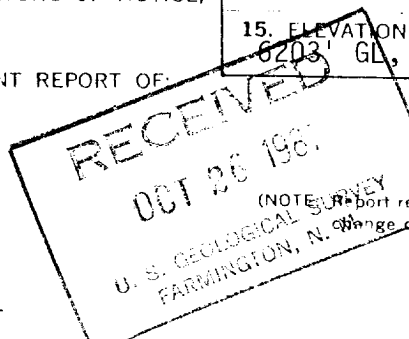
5. LEASE
N00-C-14-20-5210
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jaquez
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6-T25N-R11W
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6203' GL, 6208' KB

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
- FRACURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- REEL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- RANDOM* ☐
- (other) Run Production Csg. ☒

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☒



(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.)*

TD reached on 9/2/81 at 1300' KB. Ran 4½", 10.5# casing to 1300' (KB). Pictured Cliffs formation 1145-1163 ft. Perforate 1145-1150' and acidize w/250 gals. Dowell - MSR - 15% HCl acid. Swab some water. Reperforate 1145-55' KB w/2 JSPF and foam frac. w/16,400 gals. nitrogen foam, 4900 gals. water and 13,100# of sand. Flow nitrogen back, swab, no gas, oil or water.



Subsurface Safety Valve: Manu. and Type

NONE

Set @ _____ Ft.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY

TITLE Dist. Opera. Mgr. DATE 10/23/81