

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 ☐  
2. NAME OF OPERATOR  
Tenneco Oil Company  
3. ADDRESS OF OPERATOR  
720 S. Colo. Blvd., Denver, CO 80222  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
790'FNL, 790'FWL  
AT SURFACE:  
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

MAR 21 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.)\*

3/6/80

We have plugged and permanently abandoned the WO Berger #2 well. The plugging schedule is detailed below:

SX/Cmt	Depth	Zone	SX/Cmt	Depth	Zone
100	6089-6387	Dakota	25	1890-1648	Pictured Cliff
10	6089	Top of Retainer	25	1562-1430	4" casing stub
35	5561-5104	Gallup	60	1320-1003	coal
25	4100-3773	Point Lookout	125	330	Surface
25	3337-3010	Cliffhouse			Surface pipe

The casing left in hole is as follows:

9 5/8" 333'-Surface, 7" 6420'-Surface, 4" liner 6172'-1562'

NDBOP. Cut off casing and WH. Installed P&A marker. The surface will be restored per BLM specifications when weather permits.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Carley J. [Signature] TITLE Admin. Supervisor DATE 3/26/80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side