Form 9–331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42–R1424

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
   720 S. Colo. Blvd., Denver, CO 80222

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE: 990'FNL, 1550'FWL
   AT TOP PROD. INTERVAL: NE/4, NW/4
   AT TOTAL DEPTH:

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

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐

(other) ___cement locations___

5. LEASE
   SF-079679

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
   Delhi Taylor

9. WELL NO.
   6E

10. FIELD OR WILDCAT NAME
    Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    Sec. 17; T26N; R11W

12. COUNTY OR PARISH
    San Juan

13. STATE
    New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    6147'GL

(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.)*

1/28/80

The cement was circulated to the surface after both the 9 5/8" & 4½" csgs.
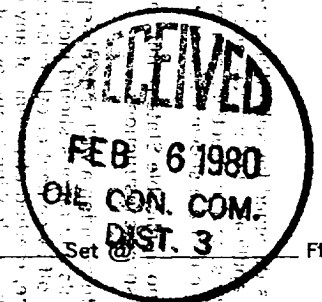
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
    SIGNED _____ TITLE Admin. Supervisor DATE 1/28/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side