Form 9-331 Dec. 1973

APPROVED BY

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Form Approved.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM 03549
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME Bolack
1. oil gas well other	9. WELL NO
2. NAME OF OPERATOR Tenneco Oil Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Dakota
720 S. Colorado Blvd., Denver, CO 80222  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
halow )	Sec 19, T28N, R8W
AT SURFACE: 2430' FNL and 1650' FEL, Unit G AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH San Juan New Mexico
AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5838 GR 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF  SUBSEQUENT REPORT OF:	선물 생산 그 회사학 생생 하는 것이다.
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	그는 그는 이 그렇게 되는 것이 없는 것이 없었다.
(other)	
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine</li> <li>12-17-78</li> </ol>	directionally drilled, give subsurface locations and
Drilled 8 3/4 hole to T.D. of 6717'. Logged casing at 6714'. Set DV tool @4319'. Cemer poz and 6% gel; plug down. Opened stage col 2nd stage with 800 Sx of 65/35 poz with 12%	nted 1st stage with 550 Sx of 50/50 Har and circulated. Cemented
End Stage With 655 5X of 65,00 por With Tex	
	A SECOND SECTION SECTION
†	
Subsurface Safety Valve: Manu. and Type	Set @Ft.

harmine Div. Admin. Supervisor 1-15-(This space for Federal or State office use) \_ TITLE \_ DATE CONDITIONS OF APPROVAL, IF ANY: