5. LEASE

## UNITED STATES

DEPARTMENT OF THE INTERIOR	USA_NM-0122001
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
dedadione don't	
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME-
So not use this form for proposals to drill or to deepen or plug back to a different	
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
1. oil gas g	Tapp Shish & Alle
well gas other	9. WELL NO.
2. NAME OF OPERATOR	
Tenneco Oil Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Dakota == \$75
720 S. Colorado Blvd., Denver, CO 80222	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA 7-6 S SEC
below.)	Sec. 21, T28N, R8W ₹ 3 2 2
AT SURFACE: 1410' FSL and 850' FWL, Unit L	12. COUNTY OR PARISH 13. STATE
AT TOP-PRODINTERVAL:	San Juan New Mexico
AT TOTAL DEPTH:-	14. API NO. 수요 하는 한 환경환경
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	<del>-</del>
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5797 GR
··- • ·	
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
(other)	
•	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d	e all pertinent details, and give pertinent dates, lirectionally drilled give subsurface locations and
measured and true vertical depths for all markers and zones pertiner	nt to this work.)*
	그 그 그 그는 말을 받을 수 있는 것들이 없는 것이 없다.
1-1-79	ရုံးရုံးရှိရာ သည်။ ရုံရုံးရုံးမှ
Spudded 13 3/4" hole at 1:00 am on 1-1-79 and	I drilled to 255. Set 6 joints
of 9 5/8", 36#, K-55 casing at 251'. Cemente	ed with 200 Sx of Class "B" with
3% CaCl cement and circulated to surface. WO	JC 12 hours and installed BUE.
Tested 01000 psi for 30 minutes. Reduce hole	e to 8 3/4" and resume drilling.
Subsurface Safety Valve: Manu. and Type	Set @
	1 W. J. Y. 3 /
18. I hereby certify that the foregoing is true and correct	

\*See Instructions on Reverse Side

(This space for Federal or State office use)

\_\_ TITLE \_

\_ title Admin. Supervisor date