Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES 5. LEASE MO12200 DEPARTMENT OF THE INTERIOR USA-NM-0122001 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME: 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.) 8. FARM OR LEASE NAME Tapp 1. oil gas XXwell other well 9. WELL NO. .<u>Ξ</u> 2. NAME OF OPERATOR Tenneco Oil Company 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR <u>Basin Dakota</u> 720 S. Colo. 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** Sec. 21; T28N; R8W below.) 1410'FSL, 850'FWL AT SURFACE: 12. COUNTY OR PARISH 13: STATE AT TOP PROD. INTERVAL: San Juan New Mexico AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5797'GL SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF 1503H 90468 110 GH FRACTURE TREAT SHOOT OR ACIDIZE FEB (102: Report results of multiple completion or zone REPAIR WELL PULL OR ALTER CASING change on Form 9-330.) U. S. GEOLOGICAL SURVEY MULTIPLE COMPLETE FARMINGTON, N. M. CHANGE ZONES ABANDON* ညွှေတိုင် Recomplete (other) 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.)* nod! 2/11/80 475 We propose to recomplete the Tapp 1 by following the attached procedure at The IST TITE THE (FOR SECTION INCIDENT existing casing program is outlined below. हिं सु Cement Hole Size -Date Set Size Wt. Depth วี≾ 3 1/1/79 E 36 5/8 251 200 sxs 13 3/4 23 7 3488 700 sxs 8 3/4 177/79 10.5 423 sxs 6 1/4 4 1/2 6708 Subsurface Safety Valve: Manu. and Type 18. I hereby dertify that the foregoing is true and correct TITLE Admin. Supervisor DATE SIGNED (This space for Federal or State office use) _ TITLE . CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse

DISTRICT OIL & GAS SUPERVISOR