Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE USA - NM - 03549 USA - SF - 080112 6. IF INDIAN, ALLOTTEE OR TRIBE 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	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME GOOCh
1. oil gas well other	9. WELL NO.
2. NAME OF OPERATOR Tenneco Oil Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 720 S. Colorado Blvd., Denver, CO 80222	Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec. 29, T28N, R8W
AT SURFACE: 1850'FNL & 2510'FEL, Unit G AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. = 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5887 GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	
FRACTURE TREAT SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone ct.ange on Form 9-330.)
CHANGE ZONES	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is different measured and true vertical depths for all markers and zones pertinent.)	lirectionally drilled, give subsurface locations and
9/26/79 - 9/28/79	
MIRUPU. NUBOE. Pressure tested csg to 3500 PSI 500 gals. 7 1/2% HCL acid. Ran electric logs. from 6578'-6590', 6656'-6660', 6674'-6682', w/ HCL acid 042 BPM & 2800 PSI. Frac'd well w/80, & 80,000# 20/40 sand & 215,000# sand. Air-50 B 2 3/8" tubing & set @ 6578'. RDMOCU	Perforated the Dakota formation 2JSPF. Acidized w/1500 gals. 15% 000 gals 30# crosslinked Versage
OCT	0 9 1979 \\ \text{OCT 15 1979} \\ \text{OIL GOM. COM. }
Subsurface Safety Valve: Manu. and Type FARMING	OGICAL SURVEY SET SET ST. 3
18. I hereby certify that the foregoing is true and correct SIGNED (ACM) (ACM) TITLE Admin. Superv	
(This space for Federal or State off	
APPROVED BY TITLE CONDITIONS OF APPROVAL. IF ANY:	DATE