

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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: 1710'FSL, 975'FWL, Unit L
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

(other) Status Report: Completion

5. LEASE
SF-078499
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Tapp
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 16; T28N; R8W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5920'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.)*

2/4-2/11/80

MIRUCU on 2/4/80. Press. tested csg to 3500 PSI. Circ hole w/100 bbls 1% KCL water. Spotted 500 gal 7½% double inhibited HCL. Perf'd Dakota @ 6546-56, 6626-38, 6688-92, 6701-03, 6726-30, 6736-38, 6750-62. Acidized w/1500 gals. 15% HCL. Frac'd in 2 stages: 80000 gal 1% KCL water w/30#/1000 gal crosslinked gel, 80000# 20/40 sand, and 25000# 10/20 sand. Cleaned out w/foam to PBD. Landed 2 3/8" tubing @6541 w/SN @ 6508. NDBOP Released rig 2/6/80. Flowing to clean up.

Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct

SIGNED Carley J. Stetson TITLE Admin. Supervisor

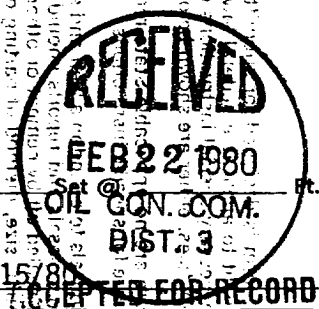
DATE 2/15/80

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE



NMCCC