

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  
P. O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1120' FSL 890' FEL "P"  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

5. LEASE  
SF 078390

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Price Com

9. WELL NO.  
5

10. FIELD OR WILDCAT NAME  
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 11, T28N R8W

12. COUNTY OR PARISH | 13. STATE  
San Juan | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6244' gr.

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

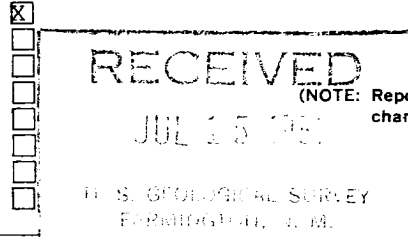
MULTIPLE COMPLETE

CHANGE ZONES

ABANDON\*

(other)

SUBSEQUENT REPORT OF:



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.)\*

6/28/81 - RU and run 85 jts 7" 23# K-55 STC (3357'), 81' LTC into 8-3/4" hole. Cmt shoe @ 3429' w/475 sx 65/35 POZ and 6% gel, follow w/150 sx Class B and 2% CACL2.

6/29/81 - NU BOP test to 1000 PSI for 30 min. Drill cmt, unload hole w/N2, blow hole till dusting.

7/2/81 - Reached TD of 7363'. Run 97 jts 4-1/2" 11.6# (455') and 10.5# (3640') K-55 STC set @ 7362'. Float collar @ 7316', TOL @ 3270'. Cmt w/350 sx 65/35 POZ and 6% gel, .6% D-60. Tail w/150sx Class B and .6% D-60. Circ cmt to top of liner.

7/3/81 - Release rig.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Adm. Supv. DATE 7/9/81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: **ACCEPTED FOR RECORD**

JUL 17 1981

\*See Instructions on Reverse Side

NMOCC

BY [Signature]  
FARMINGTON DISTRICT