

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: 1715' FSL, 1115' FEL
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* ☐
(other) ☐

SUBSEQUENT REPORT OF:

RECEIVED

NOV 2 1981

(NOTE: Report results of multiple completion zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

RECEIVED

NOV 4 - 1981
OIL CON. COM.
DIST. 3

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.)*

10/11/81 - Spud w/Four Corners rig #8. Drl 12-1/4" hole. Run 7 jts 9-5/8" 36# K-55 ST&C. Set @ 293 KB. Cmt 250 sxs B+ 2% cc + 1/4#sx Flocele. Circ 5 bbl cmt to surface. WOC.

10/14/81 - Drlg 8-3/4" hole. Short trip.

10/15/81 - Ran 69 jts 7" 23# K-55 ST&C csg. Set at 2820'. Cmt w/BJ, 325 sxs Econolite and 150 sxs Cl-B and 2% CACL. Circ cmt to surface. WOC.

10/20/81 - Run 95 jts 4-1/2" 10.5# K-55 ST&C. Set @ 6755'. Cmt w/300 sxs Econolite, 150 sxs B (+ .4% D-19 + .6% K-11). WOCU.

320
450

320
150
450

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Saundra Peron TITLE Production Analyst DATE 10/28/81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

BY KJ