

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 ☐ gas ☒ other

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2. NAME OF OPERATOR  
Tenneco Oil Company

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3. ADDRESS OF OPERATOR  
Box 3249, Englewood, CO 80155

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4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 400' FSL, 1790' 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)	Change in C

Change in Casing Design

SUBSEQUENT REPORT OF

1111

REPORT OF  
**RECEIVED**  
OCT 08 1982  
(NO

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

GR

Results of multiple completion or zo  
on Form 9-330.)

OCT 15 1962  
Dist. 3

5. LEASE  
NM-04202

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jackson Com

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OF  
AREA  
Sec. 9, T28N, R9W

12. COUNTY OR PARISH | 13. STATE  
San Juan | NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD  
66' 12' GR

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.)\*

Tenneco proposes to change the casing design on the above-referenced well to that shown below:

<u>Size of hole</u>	<u>Size of casing</u>	<u>Weight per foot</u>	<u>Setting depth</u>	<u>Quantity of Cement</u>
12-1/4"	9-5/8"	36#	+ 350'	Circ to surf
8-3/4"	7"	23#	+ 5700'	Circ to surf in two stages
6-1/4"	4-1/2"	11.6#, 10.5#	+ 7500'	Circ to liner top

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

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

SIGNED Denise Wilson TITLE Production Analyst DATE October 4, 1982

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**\*See Instructions on Reverse Side**

**NMOCC**

APPROVED  
AS AMENDED  
OCT 14 1982  
JAMES F. SIMS  
DISTRICT ENGINEER