

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 <input type="checkbox"/> gas well <input checked="" type="checkbox"/> other	5. LEASE SF 079319
2. NAME OF OPERATOR Tenneco Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 3249, Englewood, CO 80155	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1650' FNL, 555' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	8. FARM OR LEASE NAME Schwerdtfeger A
	9. WELL NO. 4E
	10. FIELD OR WILDCAT NAME Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T28N, R8W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6720' GR

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	

(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.)*

9/7/82 - Spud well @ 7:00 P.M., 9/7/82 w/4 Corners Rig #8. Drill 12-1/4" hole. Lost rtms @ 141', mix pill @ 20%. Got full rtms & resume drlg. POOH. RU & run 7 jts. 9-5/8" 35# K-55 ST&C csg. (297'), set @ 311', circ. cmt w/250 sx (295 CF) Cl-B + 1/4#/sx flocele + 2% CACL₂. Circ. cmt to surface. PD @ 2:45 A.M., 9/8/82. WOC, no fall back.

9/8/82 - WOC, test stack & lines & casing to 1,000 psi 30 min, OK. Drill out and ahead.

9/9/82 - TFB #3. Stuck @ 3016', work pipe free.

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 9/16/82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE **ACCEPTED FOR RECORD**

SEP 22 1982

*See Instructions on Reverse Side

NMOCC

BY FARMINGDA 801