

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
Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790' FNL, 1850' 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

APR 8 1983

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

5. LEASE
SF-077085

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Omler A

9. WELL NO.
17

10. FIELD OR WILDCAT NAME

~~Harris Mesa Field Ext.~~ Ctero Chacra

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

Sec. 26, T28N, R10W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5748' GR

(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.)*

4/1/83: MIRUSU. NDWH. NUBOP. PT @ 4000 psi for 15 mins. OK. Ran GR & CCL. Perf Chacra w/2 JSPF fr 2900-2916', 16' - 32 holes

4/2/83: Brk dn form @ 1650 psi. Estab rate @ 16 BPM & 2600 psi. Acidize w/500 gal 15% HCL. Frac well w/48,000 gal 70 quality foam, 1% KCL, 20# gel, 114,000# 20/40 sd. Well treated @ 20 BPM & 3350 psi. ISIP 1400 psi. Left SI 1-1/2 hrs. Flwd back thru 1/2 tapped BP. Left flwg. Turn over to EP

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

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

SIGNED Ken Russell TITLE Sr. Production Analyst DATE April 6, 1983
Ken Russell

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

APR 19 1983

FARMINGTON, N. M.