Form 9-331 Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR SF-078046 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME: 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.) 8. FARM OR LEASE NAME Hughes gas 凶 other well 9. WELL NO. _ = == 2. NAME OF OPERATOR 5 Tenneco Oil Company 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Basin Dakota -720 S. Colo. Blvd., Denver, CO 80222 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AREA T 🕳 🕹 Sec. 20; T29N; R8W 965'FNL, 1540'FWL, Unit C AT SURFACE: 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: San Juan New Mexico AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6470 G REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF TEST WATER SHUT-OFF FRACTURE TREAT FEB 1 9 1080 Report SHOOT OR ACIDIZE REPAIR WELL U. S. GEOLOGICAL SURVERANGE esults of multiple completion or zone PULL OR ALTER CASING n Form 9-330.) MULTIPLE COMPLETE FARMINGTON, N. M. CHANGE ZONES ABANDON Status Report Completion ☐ (other) 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.)* 2/8-2/12/80 MIRUCU on 2/8/80. Established PBTD @ 7630'. Press tested well. Spotted 500 gal 7 1/2% DI HCL. Perf'd Dakota @ 7388-7402, 7568-85, 7590-92, 7608-18, (80 holes). Acidized w/6500 gal 15% HCL. Frac'd w/80000 gal 30# crosslinked gel, 80000# 20/40 sand, 25000# 10/20 sand. Cleaned out to PBTD w/foam. Landed 2 3/8" tubing @ 7380'. Kicked well w/N2 RDMOCU on 2/11/80. Flowing to CU: FEB 22 1980 Subsurface Safety Valve: Manu. and Type _ OIL CON. COM. certify that the foregoing is true and correct DIST. Admin. Supervisor DATE

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APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

(This space for Federal or State office use)

DATE

Sound by the state of the state

TITLE