

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
720 So. Colo. Blvd., Denver, Co. 80222
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 935' FSL & 1755 FWL, Unit N
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:

☐
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☐
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☐
☐
☐
☒

RECEIVED
AUG 01 1984
OIL CON. DIV.
DIST. 3

5. LEASE
SF 078201
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Florance
9. WELL NO.
60
10. FIELD OR WILDCAT NAME
Blanco Pictured Cliffs
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 1, T-29-N, R-9-W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6360 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.)*

5/31/79

MIRUPU. Installed BOP. Ran 79 jts 1 1/4", 2.4#, EUE tbg to 2557'. Squeezed csg to 500 psi. P & A'd well w/cement plugs @ the following depths:

1908' - 2557' (25 Sx)
1266' - 1908' (25 Sx)
620' - 1266' (25 Sx)
Surface- 620' (25 Sx)

Cut off wellhead 1' below grade & installed P & A marker. Will clean & restore location per U.S.G.S. requirements as conditions permit.

Subsurface Safety Valve: Manu. and Type _____ JUN 11 1979 _____ Ft.

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

SIGNED Charley Statham TITLE Admin. Supervisor DATE 6-7-79

(This space for Federal or State office use)

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

APPROVED
(SGD) M. MILLÉN BACH
JUL 30 1984
M. MILLÉN BACH
AREA MANAGER