Form 9-331

Form Approved.

Budget Bureau No. 42-R1424 Dec. 1973 UNITED STATES 5. LEASE NM-09737 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL SURVEY 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 Florance gas 1. oil well other 9. WELL NO. well 37 ... 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Tenneco Oil Company Basin Dakota/Blanco Mesa Verde 3. ADDRESS OF OPERATOR 720 S. Colorado Blvd., Denver, CO 80222 11. SEC., T., R., M., OR BLK. AND SURVEY OR 7 A 3 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 6, T30N, R8W below.) 1650'FNL & 990'FEL, Unit H AT SURFACE: 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: New Mexico San Juan 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) 6086'DF REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other) produce Mesa Verde through that 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.)* The Dakota formation in this well (completed as a Mesa Verde/Dakota dual) has never made a contribution to production. The Dakota formation has been plugged w/a blanking plug, and the well is currently producing through the annulus. We propose to produce through the tbg via the following procedure: MIRUWL. RIH w/shifting tool and open sliding sleeve. RDMOWL. production. Subsurface Safety Valve: Manu. and Type _ ertify that the foregoing is true and correct TITLE Admin. Supervisor DATE SIGNED (This space for Federal or State office use) DATE TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

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