

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 ☐ gas ☒ 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: 1850' FSL & 1650' FEL, Unit J
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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5. LEASE
SF 080004

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Florance

9. WELL NO.
9-A

10. FIELD OR WILDCAT NAME
Blanco Pictured Cliffs

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 13, T-30-N, R-9-W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5817' GL

(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.)*

5/22/79 - 5/27/79

MIRUPU. POOH w/tbg. Killed well w/240 BW. NUBOE. Installed dual string adapter assembly. Spotted 300 gal 15% HCL @ 2650'. Perforated the Pictured Cliffs formation from 2638-2642, 2614-2622, 2594-2598, 2588-2590, 2570-2576 w/4 JSPF @ 3 bpm-150 psi. ISIP-50, 10 min SI-25. Frac'd well w/25,000 gal 70% quality foam w/1% KCL, 30,000# 10/20 sand, 307,700 SCF N₂ speared w/500 gal 15% HCL @ 20 bpm-1450 psi. ISIP-1400, 15 min SI-1200. Ran 1 1/2" 2 1/4" J-55 IJ tbg & set @ 2605'. Installed wellhead. RDMOPU.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Carley J. Anderson TITLE Admin. Supervisor DATE 6/6/79

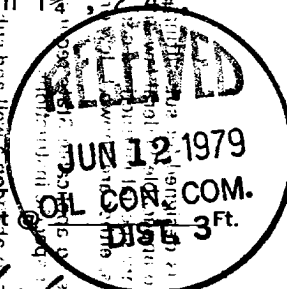
(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

mmoc



General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations; and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

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PO: 1976 O - 214-149

1. NAME OF OPERATOR
2. ADDRESS OF OPERATOR
3. LOCATION OF WELL (REPORT LOCATION CLEARLY AND SPECIFICALLY)
4. DATE OF REPORT
5. NAME OF REPORTER
6. ADDRESS OF REPORTER
7. PHONE NUMBER OF REPORTER
8. TYPE OF WELL
9. DEPTH OF WELL
10. TYPE OF PUMP
11. TYPE OF MOTOR
12. TYPE OF DRIVE
13. TYPE OF CONTROL
14. TYPE OF VALVE
15. TYPE OF FITTING
16. TYPE OF JOINT
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3-17-10 tbd 2 set 0 2605'. Installed well
 dat 177 HCL 0 20 ppm-1450 dat. 1219-1401
 70% quality form w/12 KCL 30,000' 1000' s
 w/4 2297 0 3 ppm-130 dat. 1219-50, 10 min
 Cliffs formation from 2838-2841. 2841-2838
 abductor assembly. Spotted 300 dat 177 HCL
 "WIRING" 2001 w/100. Killed well W/240 BP
 5/20/10 - 5/27/10

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY _____
THIS _____
THIS SPACE FOR FEDERAL USE ONLY _____
STAMP _____
IF I HEREBY CERTIFY THAT THE FURNISHING IS TRUE AND CORRECT _____
Subsistence Safety Valve Manual and Type _____