

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: 1510' FSL & 2334' 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) Amend Surface Use Plan		

5. LEASE
SF 078201
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Florance
9. WELL NO.
20-A
10. FIELD OR WILDCAT NAME
Blanco Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, 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)
5820' 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.)*

We propose to amend the Surface Use Plan originally submitted with the Application for Permit to Drill, approved August 6, 1976. We would like to install a temporary flow line for the recently completed Pictured Cliffs formation as follows:

Lay 2 7/8" flowline from the Pictured Cliffs separator South for 384', & East for 704' to the El Paso above ground connection. The line will be laid 3' deep with a 3' right-of-way. The temporary line will be used only until such time as El Paso Natural Gas Co. can lay a permanent pipeline to the location. At that time, the temporary line will be removed, & location will be restored per U.S.G.S. requirements.

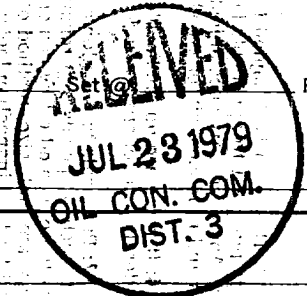
Subsurface Safety Valve: Manu. and Type _____ Ft.

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

SIGNED _____ TITLE Admin. Supervisor DATE _____

(This space for Federal or State office use)

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



Instructions

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.

GPO : 1976 O - 214-148

APPROVED BY _____

DATE _____

Signature of Supervisor

I hereby certify that the foregoing is true and correct.

Supervisor Safety Valve Mark and Type _____

Location of well (see map)

ABANDONED

CHANGING WORK

ADDITIONAL COMMENTS

REPAIR OF WATER CASING

REPAIR OF WELL

SUCCESS OF ABANDON

REASON FOR TREAT

TEST WITH CHART OFF

REPORT FOR APPROVAL TO

SUBSEQUENT REPORT TO

REPORT OF OTHER DATA

IN CASE OF APPROPRIATE BOX TO INDICATE NATURE OF REPORT

AT TO ALL EVENTS

AT TO PRODUCE INTERVAL

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