

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

6. FARM OR LEASE NAME  
Federal

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 9-330-0 for such proposals.)

1. Oil well  gas well  other

2. NAME OF OPERATOR  
Tenneco Oil Company

3. ADDRESS OF OPERATOR  
720 S. Colorado Blvd., Denver, CO 80222

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1850'FNL & 1640'FEL  
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) Change of Operator

SUBSEQUENT REPORT OF:

7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Federal  
9. WELL NO.  
3  
10. FIELD OR WILDCAT NAME Understrated  
Fractured Oilfield S. Los Pinos  
fruitland ext.  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 10, T31N; R7W  
12. COUNTY OR PARISH 13. STATE  
San Juan | New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6539'GL

RECEIVED (NOTE: Report results of multiple completion or zone change on Form 9-330.)  
NOV 19 1979

U. S. GEOLOGICAL SURVEY

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Give 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 above mentioned well was purchased by Tenneco Oil Company effective date Septmeber 25, 1979, from Palmer Oil and Gas Company, P.O. Box 2564, Billings, Montana 59103.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Admin. Supervisor DATE 10/19/79

(This space for Federal or State office use)  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC'