

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
P. O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1010' FSL 1810' FWL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: same

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) Request extension of approval

5. LEASE

SF 078042

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Giomi Com A

9. WELL NO.

1R

10. FIELD OR WILDCAT NAME

Blanco Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 28, T30N R9W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

5875' 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.)*

Tenneco respectfully requests an extension of approval on the Application for Permit to Drill for the above referenced well.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Donell Morrison TITLE Production Analyst DATE 12/8/81

(This space for Federal or State office use)
RAYMOND W. VINYARD

APPROVED BY (Orig. Sig.) RAYMOND W. VINYARD TITLE ACTING DISTRICT SUPERVISOR DATE DEC 11 1981

CONDITIONS OF APPROVAL, IF ANY:

Ext. noted to 7-11-82

*See Instructions on Reverse Side

alt.

NMOCC