

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.)
AT SURFACE: 1520' FSL 1405' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

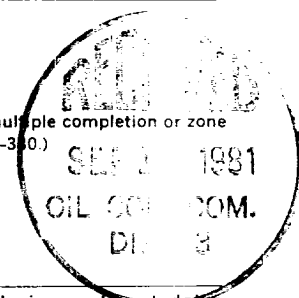
REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

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



5. LEASE
SF-077833
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Mansfield Com
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T30N R9W
12. COUNTY OR PARISH 13. STATE
San Juan New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5971' gr.

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.)*

8/25/81 - MIRUSU. NDWH. NUBOP. RIH w/2-3/8" tbgr. Tagged cmt @ 7100'. Drld to PBTD of 7182' PT csg. Circ'd hole w/1% KCL water. Spotted 500 gals double inhibited HCL across perms.
8/26/81 - Perf'd Dakota w/1 JSPF from 6950-57', 6983-87', 7041-60' and w/2 JSPF from 7113-21', 7145-48'. Acidize w/1700 gals 15% HCL and 78 l.l ball slrs. Acid away @ 40 BPM and 2300 psi. Round trip JB recovered 78 balls. Frac'd w/90000 gals 30# XL gel and 160000# 20/40 sand.

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

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

SIGNED David M. Kane TITLE Production Analyst DATE 9/3/81

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

BY Spn