

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: 1120' FSL, 950' 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: SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) Progress Report

RECEIVED

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

JAN 06 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)*

12/24/83: Ran 157 JTS 7"S-95 23#LT&C(7047') Set @ 7030', DV @ 5224' & 1324'. CMT 1st stage w/20 bbls CW, 143 SX 263 CF 65:35 POZ + 6% gel & 1/4#/SX Celoflake, Tail w/150 sx (177 CF) CL-B + .5% D-60. CMT 2nd stage w/20 bbls Zonelok, 366 SX 65:35 POZ (673 CF) + 6% gel 1/4X/SX Celoflake, Tail w/50 SX (59 CF) CL-B + 1/4#/SX Celoflake. CMT 3rd stage w/20 bbls CW & 148 SX (272 CF) 65:35 POZ + 6% Gel + 1/4#/SX Celoflake + 2% CaCl₂. Tail w/50 SX (59 CF) CL-B + 1/4#/SX Celoflake. TOC @350'. Rig Released 7 PM 12-24-83.

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

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

SIGNED Randy Wall TITLE Sr. Prod. Analyst DATE 12-28-83

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

BY Smm