

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: 1690' FNL, 1730' 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) Progress Report

SUBSEQUENT REPORT OF:

☐
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☐
☐
☐

RECEIVED

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

MAR 16 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.)*

3/8/84: Spud 12-1/2" hole 12 noon 3-8-84. Drl to 289'. Run 9-5/8" 36# K-55 csg. Shoe @ 288'. Cmt W/200 sx 240 cf Class "B", 2% CaCl₂ + 1/4#/sx Celloflake. WOC. NUBOPE & Test to 1000 psi. Drl ahead.

3/10/84: RU & Run 75 jt 7" 23# N-80 LT&C 1 jt 7" 23# K-55 ST&C (3332.35') STG colr @ 1732.96' FTT @ 3250.62 set csg @ 3312. Cmt 1 stg W/20 bbls Chemflu, 200sx (236 ft3) Class "B" W/2% CaCl₂, 1/4# bbl Celloflakes. PD @ 1:45 a.m. 3-11-84, AP 5 bbl Chemflu, st cmt 2nd stg.

3/11/84: Fin cmt 2nd stg w/10 bbls zone blk 220 sx 65-35 6% gel POZ mix, 1/4# D-40, 2% CaCl₂ (404 ft3) Tail w/50 sx Class B neat w/2% CaCl₂ (59 ft3) PD @ 6:45 a.m. 3-11-84. BMP plg w/1500#, ND set 70000# on slips. Temp sur show TOC @100'. Test Rams, Blanks & DV tool for 30 mins OK to 1500#.

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

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

SIGNED

Scott McKenny

TITLE Sr. Prod. Analyst DATE 3/12/84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

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MAR 19 1984

OIL CON. DIV.
DIST. 3

NMOCC

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

MAR 16 1984

FARMINGTON RESOURCE AREA

BY

Smm