

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: 1100' FSL 1550' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

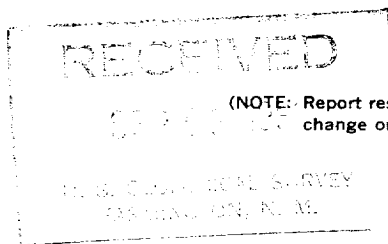
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

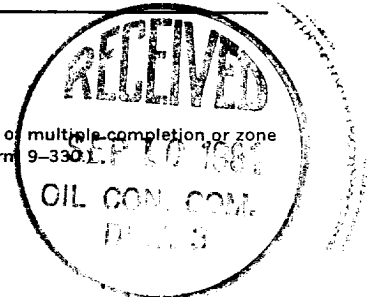
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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(NOTE: Report results of multiple completion or zone change on Form 9-330.1.)



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.)*

8/22/81 - MIRURI. Spud well on 8/21/81 w/Four Corners rig #7. Ran 7 jts 9-5/8" 36# K-55 ST&C csg set @ 299'. Cmt w/250sx Cl-B and 2% CACL2. Circ cmt to surface.
8/28/81 - Ran 130 jts 7" 23# K-55 ST&C csg. Set @ 5099'. Cmt 1st stage w/100sx econolite, tail w/150 sx Cl-B and 2% CACL2. Cmt second stage w/345sx econolite, tail w/50 sx Cl-B and 2% CACL2. Circ cmt to surface.
8/31/81 - Ran 12 jts 4-1/2", 11.6# and 47 jts 4-1/2" 10.5# K-55 ST&C csg. Set @ 7568'. TOL @ 4920'. Cmt w/165 sx Howco lite and .5% CFR-2, and .4% Haled-9 tailed w/150 sx Cl-B and .5% CFR-2. Ran out 3 bbls cmt. Release rig.

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

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

SIGNED Sam TITLE Production Analyst DATE 9/4/81

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

BY Sam