UNITED STATES

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5111.25	3. LEASE.	
DEPARTMENT OF THE INTERIOR	NM-010989	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME	
(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.)	8. FARM OR LEASE NAME	
1. oil gas 🕟	Fields	
well well other	9. WELL NO.	
2. NAME OF OPERATOR	1E	
Tenneco Oil Company	10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR	Basin Dakota	
P. O. Box 3249, Englewood, CO 80155 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA	
below.)	Sec. 29, T32N, R11W	
AT SURFACE: 1525' FSL 970' FEL	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL:	San Juan NM	
AT TOTAL DEPTH:	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	·	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD 6336' gr.	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	The same of the sa	
TEST WATER SHUT-OFF		
FRACTURE TREAT SHOOT OR ACIDIZE		
	COLOTE: Board would be at all the	
THE ON METER ONGING	CNOTE: Report results of multiple completion or zone change on Form 9–330.)	
MULTIPLE COMPLETE	The SECRETARY	
CHANGE ZONES		
(other)	The state of the s	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	rectionally drilled, give subsurface locations and to this work.)*	
In reference to the 7" casing set on 11-14-8 cement @ 1850'	1, cement, estimated top of	
In reference to the $4-1/2$ " casing set on $11-$ to liner top @ 5038 .	17-81, cement was circulated	
Subsurface Safety Valve: Manu. and Type	JAN 5 1982 OIL CON. COM.	
18. I hereby certify that the foregoing is true and correct		
Signed Annua Peron Title Production Anal		
(This space for Federal or State office	ce use)	
APPROVED BY TITLE	DATE	

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

