Form Approved.

FOU JAMES F. SIMS

DISTRICT ENGINEER

Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR NM 010989 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS 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 Fields gas well \square X 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 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 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. 30-045-24711 REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) ground 6336' REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT RECEIVED SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES U S. CCOLOGICAL SURVEY ABANDON* FARMINGTON, N. M. (other) Change direction of laydown 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.)* Tenneco Oil Company respectfully requests permission to rotate the drill pad 180° so that the laydown is due East. OIL CON. COM DIST. 3 Subsurface Safety Valve: Manu. and Type _ Set @ _____ 18. I hereby/certify that the foregoing is true and correct Hopkins SIGNED WA TITLE Sr. Prod. Analyst DATE September 18, (This space for Federal or State office use) APPROVED BY __ TITLE _ DATE CONDITIONS OF APPROVAL, IF ANY:

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*See Instructions on Reverse Side

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