

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  
6800 Park Ten Blvd., SAN ANTONIO, TX. 78213

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FNL & 1980' FEL  
AT TOP PROD. INTERVAL: See. 27 Unit 6 SW/4  
AT TOTAL DEPTH: NE/4

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\* ☐

SUBSEQUENT REPORT OF:

☐  
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☐  
☐  
☐

(other) changed pump.

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

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.)\*

CHANGED AND LOWERED PUMP TO 4348'

PUT WELL BACK ON PRODUCTION ON 2-14-80.

5. LEASE  
NM 0127782  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
-----  
8. FARM OR LEASE NAME  
FEDERAL 27  
9. WELL NO.  
2  
10. FIELD OR WILDCAT NAME  
CHAVEROO SAN ANDRES  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
27, T. 7S, R. 33E  
12. COUNTY OR PARISH  
ROOSEVELT  
13. STATE  
NM  
14. API NO.  
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15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4389.9

RECEIVED

MAR 11 1980

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED Maury Hall TITLE PRODUCTION ANALYST DATE 2/27/80

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

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\*See Instructions on Reverse Side