

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: 660' FSL & 1980' 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: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) Changed and lowered pump.

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, out well back on production.

5. LEASE

NM-0117529

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 21

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Chaveroo San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 21, T7S, R33E

12. COUNTY OR PARISH

Roosevelt

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4408' GL

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

RECEIVED

4-24-1980

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

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

SIGNED [Signature] TITLE Production Analyst DATE 4-24-80

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

APR 29 1980

U. S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO