

N. M. OIL CONS. COMMISSION
P. O. BOX 980
HOBBS, NEW MEXICO 88240

Form Approved
Budget Bureau No. 42-R1424

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 ☒ gas ☐ other ☐
well well well
2. NAME OF OPERATOR
Tenneco Oil Company
3. ADDRESS OF OPERATOR
7990 IH 10 West, San Antonio, Texas 78230
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 660' 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 checked="" 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) <input type="checkbox"/>	<input type="checkbox"/>

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.)*

1. MIRU PU.
2. Pull rods. NU BOP.
3. Pull tubing and seating nipple.
4. TIH with 4-5/8" bit and scraper to 4862' (PBTD). POOH.
5. TIH with retrievable bridge plug. Set bridge plug at 4720'. Test plug prior to perf. (1000#).
6. PU EOT to 4715' and spot 120 gallons of 15% NEFE HCL with inhibitors. POOH.
7. RU McCullough
8. TIH with 4" casing gun and perforate one .50" hole at the following depths: 4608 thru 4621, 4633 thru 4642, 4667 thru 4671, 4676, 4677, 4694 thru 4702.

(OVER)

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

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

SIGNED Robert G. Utter TITLE Prod. Engr. Supr. DATE November 14, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY
ACCEPTED FOR RECORD

PETER W. CHESTER

MAY 16 1984

*See Instructions on Reverse Side

5. LEASE
NM-104028-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Fasken Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Bluitt San Andres Assoc.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, T8S, R38E
12. COUNTY OR PARISH
Roosevelt
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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