

**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., Suite 200 N, San Antonio, Tx 78213
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 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:

- TEST WATER SHUT-OFF ☐
- FRACURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☒
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐
- (other) ☐

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

5. LEASE 033503

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. UNIT AGREEMENT NAME

NA

8. FARM OR LEASE NAME

Jennings USA Fed.

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Double X Delaware

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

Sec 14, T24S, R32E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND W.)
3635' KB (KB = GL + 8')

(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.)*

We propose to run packer and bridge plug to locate very strongly suspected casing leak. When the leak is found, it will be repaired by cement squeeze through a cement retainer. When drilled out and tested, the well will be treated with a calcium sulphate scale converter and flushed with fresh water and returned to production.

NOTE: Verbal approval was obtained from Arthur Browne 9-24-79.

Subsurface Safety Valve: Manu. and Type

Set @

Ft.

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

SIGNED

[Signature]

TITLE Sr. Production Engr.

DATE

9-24-79

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE