Form 9-331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STAILS DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	<ul> <li>5. LEASE</li> <li>C • 062269-E</li> <li>6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA</li> </ul>
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 well other	7. UNIT AGREEMENT NAME NA 8. FARM OR LEASE NAME Ernest USA Jed.
well M well other 2. NAME OF OPERATOR Tenneco Oil Company 3. ADDRESS OF OPERATOR San Antonio, 6800 Park Ten Blvd., Suite 200N, Texas 78213 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 330' FWL & 660' FNL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	<ul> <li>9. WELL NO. <ol> <li>I</li> </ol> </li> <li>10. FIELD OR WILDCAT NAME <ul> <li>Double X Delaware</li> </ul> </li> <li>11. SEC., T., R., M., OR BLK. AND SURVEY OR <ul> <li>AREA</li> <li>Sec 23, T24S, R32E</li> </ul> </li> <li>12. COUNTY OR PARISH <ul> <li>Lea</li> <li>Lea</li> <li>New Mexico</li> </ul> </li> </ul>
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 단도 3604 (도자) - 도 1 - 도 (도자)
FRACTURE TREAT	EP 10 1979 EOLOGIC APPSURATE Multiple completion or zone BS, NEW MEXICO

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 think there is a casing leak in the subject well due to material recovered from the pump. It was impossible to get pump action due to scale buildup and some foreign material which evidently fell in pump from casing leak. We will run bridge plug and packer to locate the leak and then cement squeeze it.

Subsurface Safety Valve: Manu. and Ty	pe	Set @ Ft.
18. Thereby certify that the foregoing signed	s true and correct TITLE Sr. Production Engrat	9/6/79
	(This space for Federal or State office use)	TED
APPROVED BY Conditions of Approval, if any:	<u> </u>	APPROVISER 10 1979 RA
	*See Instructions on Reverse Side	SEP 10 CONTERNING

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O.C.D. HOBBS, OFFICE



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