Form 9-331
Dec. 1973

COPY TO O. C. C

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 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' FSL & 1650' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

5. LEASE

NMO-569 NM0569

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Ginsburg Federal

9. WELL NO.

13

10. FIELD OR WILDCAT NAME

Langlie Mattix (Penrose)

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

31, T25S, R38E

12. COUNTY OR PARISH 13. STATE

Lea   New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB. AND WD)

3050' KB

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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

(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.)*

Return to production as a single completion

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 _Mauj Hall_ TITLE _Production Analyst_ DATE _3/12/80_

(This space for Federal or State office use)

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

*See Instructions on Reverse Side