

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  
7990 IH 10 West, San Antonio, Texas 78230
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FNL & 2055' FWL  
AT TOP PROD. INTERVAL: 1980' FNL & 2055' FWL  
AT TOTAL DEPTH: 1980' FNL & 2055' FWL
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF:

(other) Casing ☒

5. LEASE  
NM-033503
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Jennings Federal
9. WELL NO.  
5
10. FIELD OR WILDCAT NAME  
Double X Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 14, T-24-S, R-32-E
12. COUNTY OR PARISH  
Lea
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3600 GL

(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.)\*

10-8-84 Spudded @ 8:20 P.M.

10-10-84 Ran 16 jts. 24# 8 5/8" K-55 cgs. Set at 620'. Cemented w/400 sx Class "C" w/2% CaCl, 1/4#/sx Flocele. Circulated to surface. WOC 24 hours. Tested casing to 1200 psi - ok.

10-16-84 Ran 118 jts. 4 1/2" csg. w/750 sx HL cement w/1/4# flocele + 10# salt/sx +200sx Cl. "H" cement w/.1% of 1% CFR-2. Cement circulated to surface. WOC 24 hours. Tested casing to 1200 psi - ok.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Brenda Coffman TITLE Agent DATE 1-16-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: None

JAN 22 1985