

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: | | 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 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) Casing | | | X |

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 its. 24# 8 5/8" K-55 cgs. Set at 620'. Cemented w/400 sx Class "C" w/2% CaCl₂, 1/4#/sx Flocele. Circulated to surface. WOC 24 hours. Tested casing to 1200 psi - ok.
10-16-84 Ran 118 its. 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 _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

JAN 22 1985

*See Instructions on Reverse Side

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.)

