

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form 2-72-4
Revised April No. 42-R14

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ **INJECTION**

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
1200 Lincoln Tower Bldg., Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, CR, etc.)

5. LEASE INFORMATION AND SERIAL NO.
NM-22102

6. IF INDIAN, AGENCY OR TRIBE NAME

7. UNIT AGREEMENT NAME
South. High. Unit

8. FARM OR LEASE NAME

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Hospien Upper Sand

11. SEC., T., R., AND S. AND SURVEY OR AREA
B-12-17-9

Sec 12 17 9

12. COUNTY OF PLATE 13. STATE
McKinley N.M.

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)*

STATUS OF WELL:

Active Injection

APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED:

NA

REASON FOR TEMP ABAND:

NA

FUTURE PLANS FOR WELL:

NA

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING:

NA

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

SIGNED

D. D. Meyer

TITLE

Division Production Manager

DATE

December 13, 1974

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE