

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Submit in triplicate  
(Other instructions on reverse side)

Form No. 42-R3424  
AND SERIAL NO.

## 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.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>INJECTION</u></p> <p>2. NAME OF OPERATOR<br/><u>Tenneco Oil Company</u></p> <p>3. ADDRESS OF OPERATOR<br/><u>1200 Lincoln Tower Bldg., Denver, Colorado 80203</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br/>See also space 17 below.)<br/><u>At surface</u></p> <p>14. PERMIT NO. _____</p> | <p>5. LEAST DEPTH AND SERIAL NO.<br/><u>NM-21208</u></p> <p>6. IF INDIAN, TRIBE OR TRIBE NAME</p> <p>7. UNIT ABBREVIATION NAME<br/><u>SOUTH LINCOLN UNIT</u></p> <p>8. FARM OR LEASE NAME</p> <p>9. WELL NO.<br/><u>17</u></p> <p>10. FISH AND FOWL OR WILDCAT<br/><u>HOSPITAL UNIT SAND</u></p> <p>11. SEC. T. R. S. COR. AND<br/>S. COR. OR A.B.<br/><u>Q 12-17-9</u><br/><u>Sec 12 T 22 R 9 W</u></p> <p>12. COUNTY OR PARISH 13. STATE<br/><u>McKinley N.M.</u></p> |
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16. 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) Shut-In

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

X

(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 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.)\*

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

A.H. Meyer

TITLE Division Production Manager

DATE December 13, 197

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side