

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. USA-NM-8270	
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Suite 1200 Lincoln Tower Bldg., Denver, Colorado 80203		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2265' F/SL and 330' F/EL		8. FARM OR LEASE NAME Hotchkiss - Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6937 GR		10. FIELD AND POOL, OR WILDCAT Undesignated Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2, T17N, R9W	
		12. COUNTY OR PARISH McKinley	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

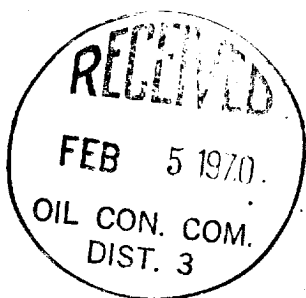
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Well T.A.</u> <input checked="" type="checkbox"/>	

(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.)*

12/9/69, Rigged up comp. unit and perforated w/2 shots per ft. 2552-62, 2636-48, 2694-2703, 2710-2722, spotted 250 gals. 15% Spearhead acid 2710-22 and 2694-2703, set pkr. @ 2673, frac w/22,000 gal crude and 22,000# 20/40, sand. Spotted 250 gallons 15% Spearhead acid 2636-2648, set pkr. @ 2610 and frac w/15,000 gals crude and 15,000# 20/40 sand. Spotted 250 gals. 15% Spearhead acid 2552-2562, frac w/15,000 gal. crude and 15,000# 20/40 sand. Swabbed well. Ran 86 jts. of 2-3/8" 4.70# EU E tubing landed @ 2728'. Ran 106 of 3/4" x 25' rods w/1-1/2" pump. Well tested DRY. Well S.I. for future service well 1/14/70.



RECEIVED

FEB 4 1970

S. GEOLOGICAL SURVEY

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

SIGNED _____

TITLE Sr. Production ClerkDATE 1-26-70

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side