

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-11424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-081208

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐

2. NAME OF OPERATOR  
Tenneco Oil Company

3. ADDRESS OF OPERATOR  
1860 Lincoln St., Suite 1200, Denver, Colorado 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1280' FNL and 1280' FWL

Unit D

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7060' GR

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

Temporary Plug Back

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

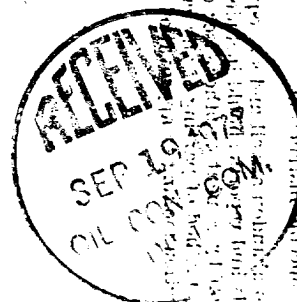
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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

We propose to temporarily abandon the Lower Sand zone on this well as follows:

1. MIRUPU. Pull and lay down both strings of tubing and rods.
2. Set WL BP at +1626.
3. Run submersible pump on 2-7/8" EUE tubing to +1600.
4. Put on production and test.
5. Clean location of all debris.

SEP 16 1977



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

SIGNED

*[Signature]*

TITLE Div. Production Manager

DATE 9/13/77

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

*Adel*