

## 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>INJECTION</b>		7. UNIT ASSIGNMENT NAME <b>South Fork Wash Unit</b>
2. NAME OF OPERATOR <b>Tenneco Oil Company</b>		8. FARM OR LEASE NO. [blank]
3. ADDRESS OF OPERATOR <b>1200 Lincoln Tower Bldg., Denver, Colorado 80203</b>		9. WELL NO. <b>42</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b>		10. FIELD AND POOL, OR WILDCAT <b>Hoson Upper Sand</b>
14. PERMIT NO.		11. SEC., T., R., & COR. AND SURVEY OR AREA <b>I 12-17-9</b> <b>Sac 12-17-9W</b>
15. ELEVATIONS (Show whether DY, RT, GR, etc.)		12. COUNTY OR PARISH <b>McKinley</b>
		13. STATE <b>N.M.</b>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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"/>		<input type="checkbox"/>

  

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

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 R. D. Miles

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 \_\_\_\_\_

\*See Instructions on Reverse Side