

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved,
Budget Bureau No. 42 R1421.

5. LEASE DESIGNATION AND SERIAL NO.

30-031-20179

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

14-20-0603-9796

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chavez

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Undesignated Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 20, T-17-N, R-8-W

12. COUNTY OR PARISH 13. STATE

McKinley

New Mexico

1.

OIL
WELL ☐

GAS
WELL ☐

OTHER

Cancellation

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Suite 1200, Lincoln Tower Bldg. - Denver, Colo.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

660' F/WL and 660' F/NL

14. PERMIT NO.

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

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)

REPAIRING WELL ☐

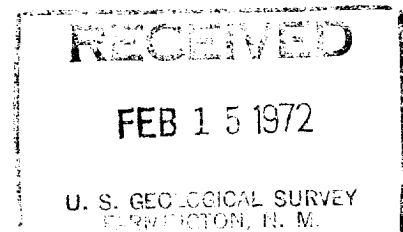
ALTERING CASING ☐

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.)*

Please cancel Application to Drill Well, dated 11/11/70



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

SIGNED

TITLE Sr. Production Clerk

DATE 2/14/72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side