

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Bureau Order No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 0484843-B

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Core Test		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME Torreon Core Test
3. ADDRESS OF OPERATOR P. O. Box 1714, Durango, Colorado		9. WELL NO. #4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1630 FSL, 1555 FWL Unit K		10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO.		11. SEC. T, R, N, OR BLM. AND SURVEY OR AREA Sec 29, T-18-N, R-3-W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6459 Gr.		12. COUNTY OR PARISH Sandoval
		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 checked="" 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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)\*

There were no shows in this test, we will set a surface plug and a dry hole marker.

CONFIDENTIAL



RECEIVED

AUG 17 1967

U. S. GEOLOGICAL SURVEY  
FARMINGVILLE, N. M.

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

SIGNED M. K. Wagner

TITLE APPROVED

DATE August 16, 1967

(This space for Federal or State office use)

AUG 18 1967

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE P. T. McGRATH

DATE

DISTRICT ENGINEER

USGS (5)

\*See Instructions on Reverse Side