| | UNITED STATES MENT OF THE INTER | SUBMIT IN TRIPLICATE (Other instructions on verse side) | re- re- Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL NO. |
|--|--|---|--|
| GEOLOGICAL SURVEY 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.) | | | 6. IF INDIAN, ALLOTTES OR TRIBE NAME |
| OIL GAS WELL X OTHER 2. NAME OF OPERATOR TENNECO OIL COMPANY 3. ADDRESS OF OPERATOR | | | 7. UNIT AGREEMENT NAME. |
| | | | 8. FARM OR LEASE NAME |
| | | | Gallegos |
| | | | 9. WELL NO. |
| Suite 1200 Lincoln 4. LOCATION OF WELL (Report location of See also space 17 below.) At surface | 2 10. FIELD AND FOOL, OR WILDCAT Basin Dakota | | |
| 1000'FSL and 2000' FWL | | | Sec. 29, T26N, R11W |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether D | F, RT, GR, etc.) | 12. COUNTY OF PARISH 13. STATE San Juan New Mexi |
| 16. Check A | ppropriate Box To Indicate N | Nature of Notice Report of | |
| NOTICE OF INTER | | | EQUENT REPORT OF |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | ſ | VI PARA STANIA |
| 77.40-77 | MULTIPLE COMPLETE | WATER SHUT-OFF FRACTURE TREATMENT | - ADPAIRANG WALL |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING | ALTERING CASING ABANDONMENT |
| REPAIR WELL | CHANGE PLANS | (Other) | <u> </u> |
| (Other) | | | lts of multiple completion on Well npletion Report and Log form.) es, including estimated date of starting any |
| Rigged up and spudde Ran 20 joints 8-5/8' 400 sacks class "A" Tested casing w/1000 from under surface o | · 24# K-55 ST&C Casir plus 2% calcium chlo) psi for 30 minutes. | ng and set at 659' K Oride Plug down 1: | DB. Cemented with |
| | | | RELEVED |
| | | t production in the second water. | MAR 23 1973 on con com. |
| | | MAR 2 2 1973 | |
| | | | is designed for submited to a design of a design of a submited for |
| 18 T harahy govern | . / | | The control of the co |
| SIGNED A SIGNED | The Table | r. Production Clerk | 3/21/73 |
| (This space for Federal or State office | e use) | | |
| APPROVED BY CONDITIONS OF APPROVAL, IF AN | NY: | | The classical for classical form of the clas |
| | *C | | Interpretable of modifications of the property |