Form 9-331 (May 1963)		ITED STATES NT OF THE INTER	//\46 1-	IN TRIPLICATE* structions on re- )	Form approve Budget Bures 5. LEASE DESIGNATION	u No. 42-R1424.	
	GEO	LOGICAL SURVEY			I-149-IND-7971		
		S AND REPORTS of drill or to deepen or plug of FOR PERMIT—" for such			6. IF INDIAN, ALLOTTE	E OR TRIBE NAME	
1.	- OSE ATT DIONITION	101111111111111			Navajo 7. UNIT AGREEMENT NA	ME	
OIL C	S. OTHER						
2. NAME OF OPERA					8. FARM OR LEASE NAM	íE.	
Tenneco Oil Company					Gallogos		
3. ADDRESS OF OPE					9. WELL NO.		
1200 Linc	coln Tower Bldg.	, Denver, Colorad	o 80203		. 9		
1200 Lincoln Tower Bldg., Denver, Colorado 80203 L LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  2000 FNL/1650 FEL					10. FIELD AND POOL, OR WILDCAT		
					Basin Dakota 11. sec., t., R., M., OR BLE. AND		
	2000 FNL/ 1030 FEL					SURVEY OR AREA	
				•	Sec 30, T26N,	DIIW	
14. PERMIT NO.	15	. ELEVATIONS (Show whether I	F, RT, GR, etc.)		12. COUNTY OR PARISH	13. STATE	
		6095 GR			San Juan	New Mexico	
16.	Charl. A	priate Box To Indicate	Natura of Nati	a. Parad a. C			
	, , , , , , , , , , , , , , , , , , ,		Adiote of IAoii				
	NOTICE OF INTENTION	то:		SUBSEQU	ENT REPORT OF:		
TEST WATER S	HUT-OFF PULL	OR ALTER CASING	WATER S	HUT-OFF	REPAIRING 1	WELL	
FRACTURE TREA		IPLE COMPLETE		E TREATMENT	ALTERING C.	[ <u>-</u> ]	
SHOOT OR ACID	<del> </del> ,	GE PLANS	SHOOTING	Shut-In	ABANDONME	X	
REPAIR WELL (Other)	Clixs	GE FLANS	(No	OTE: Report results	of multiple completion etion Report and Log for	on Well	
17. DESCRIBE PROPO proposed wor nent to this w	k. If well is directionally	ONS (Clearly state all pertine drilled, give subsurface loc	nt details, and gl ations and measur	red and true vertica	depths for all markers	s and zones perti-	
STATUS OF		t-in pending mark	_	TEN	MPORARY ABANDONMI	TG TG	
APPRUXIMA	HE DATE THAT LET	1P. ABAND. COMMEN	CED:	EX	PIRES		
REASON FO	R TEMP ABAND:	SI pending mkt.	. •			· <u>-</u> ·	
FUTURE PL	ANS FOR WELL:	N/A	•				
APPROXIMA	TE DATE OF FUTUR	RE W.O. OR PLUGGI	NG: 1/1/	76	RELI	M	
					NOV 1		
					DIST		
		•					
18. I hereby certify	that the foregoing is tru	e and correct					
signed	O.D. Myen	TITLE Di	vision Pro	duction Mana	ger DATE, // 67	75	
(This space for	Federal or State office us	e)					
APPROVED BY	YOF APPROVAL, IF ANY:	TITLE			DATE		