

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

(8561)

Form Approved
Department of the Interior No. 42-3142

5. LEASE DESIGNATION AND SERIAL NO.

SF 072931B

6. IF INDIAN, ACCOUNT 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 ☐ GAS WELL ☐ OTHER ☒

Injection

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

1200 Lincoln Tower Bldg., Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980 FBL / 510 FBL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, GL, etc.)

5863

7. UNIT ASSIGNMENT NAME

CENTRAL COA Cha Unit?

8. NAME OF LEASE/NAME

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Cha Cha Gallup

11. SEC. T. R. S. STATE AND

I SURVEY OR LASS

SPC-31, T29N, R13W

12. COUNTY OR PLACES

SAN JUAN New Mexico

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 COMPLETS

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Shut-In

REPAIRING WELL

ALIASING CASING

ABANDON WELLS

X

(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 and completion of 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:

SHUT-IN

APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED: 6/73

REASON FOR TEMP ABAND: WELLBORE CONDITION + LACK OF INJ WATER
FUTURE PLANS FOR WELL: PLAN TO P/A AT UNIT TERMINATION

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING:

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

SIGNED

D. D. Myers

TITLE

District Manager

DATE

12-13-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side