

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

(856..)

Form approved,
Budget Bureau No. 42-11424.
5. LEASE DESIGNATION AND SERIAL NO.

SF 078931B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Central Cha Cha Unit

8. FARM OR LEASE NAME

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Cha Cha Gallup

11. SEC., T., R., N., OR BLE. AND
SURVEY OR AREA

Sec 31, T29N, R13W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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 FSL-510 FEL

14. PERMIT NO.

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

5863

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) Shut-In ☒

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

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 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.)*

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:

TEMPORARY ABANDONMENT
EXPIRES 12-31-76

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

SIGNED

TITLE: Division Production Manager

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: