## UNITED STATES SUBMIT IN TRIPLICATE\* DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side) (8561)

Form approved.

Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

G	SEOLOGICAL SURVEY	(6301)	SF 078931B	
SUNDRY NOTI (Do not use this form for proposity use "APPLICA"	CES AND REPORTS On the deepen or plug baction FOR PERMIT—" for such pro-	N WELLS .ck to a different reservoir.	6. IF INDIAN, ALLOTTER	OR TRIBE NAME
1.			7. UNIT AGREEMENT NA	ME
WELL GAS. OTHER			Central Cha Cha Unit	
2. NAME OF OPERATOR			8. FARM OR LEASE NAS	IE
Tenneco Oil Company				
3. ADDRESS OF OPERATOR	9. WELL NO.			
1200 Lincoln Tower Bld	2			
4. LOCATION OF WELL (Report location cl.	10. FIELD AND POOL, OR WILDCAT			
At surface 1980 FSL-510 FEL			Cha Cha Gallup	
			11. SEC., T., R., M., OR E SURVEY OR AREA	BLE, AND
	•	•		
			Sec 31, T29N, R13W	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.)		RT, GE, etc.)	12. COUNTY OR PARISH	13. STATE
	5863		San Juan	New Mexic
16. Check Ap	propriate Box To Indicate No	ature of Notice, Report, or (	Other Data	
NOTICE OF INTENTION TO:			QUENT REPORT OF:	
	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING V	
	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA	
	ABANDON*	SHOOTING OR ACIDIZING	ABANDONME	
,	CHANGE PLANS	(Other) Shut-In		<u> </u>
	HANGE PEANS	(Note: Report results of multiple completion on Well		
(Other)  17. DESCRIBE PROPOSED OR COMPLETED OPER	RATIONS (Clearly state all pertinent	<del></del>	pletion Report and Log for a including estimated dat	
proposed work. If well is direction nent to this work.) *	nally drilled, give subsurface location	ons and measured and true vertle	cal depths for all markers	and zones perti-
Rent to this work.		:		
•				
STATUS OF WELL: S	hut in			
		1	TEMPORARY ABANDONN	AENT
APPROXIMATE DATE THAT	TEMP. ABAND. COMMENCE	ED: 6/73	EXPIRES 12-34	
	771			
REASON FOR TEMP ABAND:	wellbore condition+1	ack of inj. water		

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING:

FUTURE PLANS FOR WELL: Plan to P&A at unit termination

110V 1 0 1975 OIL CON. COM.

8. I hereby certify that the foregoing is true and correct SIGNED 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	TITUM Division Production Manager	num 1/1/1/5
(This space for Federal or State office use)	THOM	DATE,
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE