

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-111-224.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0555320-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Torreón Core Test

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 5, T-17-N, R-3-W

12. COUNTY OR PARISH 13. STATE

Sandoval

New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Core Test

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1714, Durango, Colorado

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

1650 FSL, 1650 FEL

14. PERMIT NO.

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

6378 Gr.

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) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

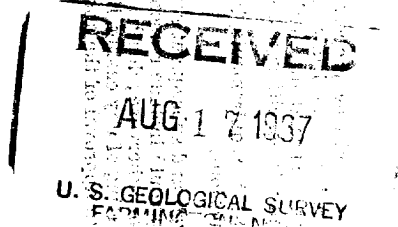
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

We propose to P&A as follows:

Cement plugs @: 800-750  
600-550  
250-200  
Surface

Install dry hole marker.



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

SIGNED

M. K. Wagner

TITLE

DATE

August 16, 1967

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side