Form	9-331
(Mnv	1963)

16.

## UNITED STATES SUBMIT IN TRIPLICATE. Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0484843-B

	GEOLO	DGICAL	SURVEY			
VEGINID	NOTICES	AND	REPORTS	ON	VJSI	1 0

в.	IF	INDIA	N,	ALLOTTEE	or	TRIBE	NAMI

	(Do not use this form for propo	osals to drill or to deepen or plug back to a different reservoir.  ATION FOR PERMIT—" for such proposals.)			
1.	OIL GAS	0	7. UNIT AGREEMENT NAME		
	WELL WELL OTHER	Core Test			
2.	NAME OF OPERATOR		8. FARM OR LEASE NAME		
	Tenneco Oil Compa	ny	Torreon Core Test		
3.	ADDRESS OF OPERATOR		9. WELL NO.		
	P. O. Box 1714, I	Ourango, Colowado 81301	4		
4.		ocation of well (Report location clearly and in accordance with any State requirements.			
	See also space 17 below.) At surface	Wildcat			
	1630 FSL, 1555 FV	VL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
		Unit K			
			Sec 29, T-18-N, R-3-W		
14.	PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE		
		6459 Gr.	Sandoval New Mexico		

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
NOT	ICE OB	INTENTION TO:		SUB	SEQUENT REPORT	OF:	
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		BEPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	X
REPAIR WELL		CHANGE PLANS		(Other)	·	<del></del>	x
(Other)				(Note: Report res Completion or Reco	ults of multiple empletion Repor	completion on Welt and Log form.)	11

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.)\*

There were no shows, we set a surface plug and installed a dry hole marker.



U. S. GEOLOGICAL SURVEY FARMINGTON, N. M

18. I hereby certify that the foregoing is true and corre	ect	
SIGNED M. K. Wagner	_ TITLE	DATE November 22, 196
(This space for Federal or State office tise)		
APPROVED BY	_ TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		