Form 3-53: (1.67 1963)	UNITED S		SUBMIT IN TRIPLIC	ATE•	Form noosyy	a No. 42-R1424	
	DEPARTMENT OF T		OR verse side)	5. LEAS		BERIAL NO.	
	GEOLOGICAL				2775.		
SUN	IDRY NOTICES AND	REPORTS C	N WELLS	6. IF IN	Diad, Autorra	SUA TRIBS NAME	
(Do not use this	form for proposals to drill or to Use "APPLICATION FOR PER) deepen or plug ba MIT—" for such pr	ick to a different reservoir.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
i.		·		7. UNCE	AGBBENT TO		
MELL E WELL	OTHER			# T			
2. NAME OF OPERATOR	**************************************		···	8. FARM	08 LSAS# NA 4	3 :	
Tenneco Oil				56	relass	•	
3. ADDRESS OF OPERATOR	-			9. WELL	NO.	· · · · · · · · · · · · · · · · · · ·	
1200 Lincoln Tower Bldg., Denver, Colorado 80203 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*					2083 /		
See also space 17 bel At surface	teport location clearly and in acc	ordance with any S	itate requirements.*	10. Fist	D AND POOL, O	VILDCAT	
				Fuke	herku	2	
	990 FNL/	490 1-1	EL	A S	T., E., M., OH H	L.C. AND	
		√'		7			
14. PERMIT NO.	15. ELEVATIONS	(Show whether DP,	RT, GR, etc.)	12. 000	ELIELS EO IEV	2, 17/0 4)	
				SAW	7	N.M.	
16.	Charle Annopolista Rou	To Indiana Ni	A CN P D			10.101	
•	Check Appropriate Box	to indicate 140		F 12 + 2	_ 3	•	
•	SOTICE OF INTENTION TO:		87	BSEQUENT REPO	er ort 200	-	
TEST WATER SHUT-OF	PULL OR ALTER CA	.sing	WATER SHUT-OFF	+ 12 C C C C C C C C C C C C C C C C C C	REPAIRING P	TLL.	
FRACTURE TREAT	MULTIPLE COMPLE	TE	PRACTURE TREATMENT		ALTERING : CA	STNG	
SHOOT OR ACIDIZE REPAIR WELL	ABANDON* CHANGE PLANS		SHOOTING OR ACIDIZING		ABANDONMEN	7.4	
(Other)	CHANGE PLANS		(Other) Shut- (Note: Report r Completion or Re		e completion o	X	
•	COMPLETED OPERATIONS (Clearly	state all pertineut	details, and give pertinent	completion Repo	rt and Log for	n.)	
proposed work. If nent to this work.)	COMPLETED OPERATIONS (Clearly well is directionally drilled, give	subsurface location	ons and measured and true	vertical depths f	or all markers	and gones perti-	
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STATUS OF WELL	:	5HUT-1		near 1990 1990	그 결 출원을		
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FUTURE PLANS F	OR WELL: Neule in	for 1	emidialac	re one sign			
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				7,52,416			
8. I hereby certify that	the Canada to 1			######################################	g 3		
o. I hereby certify that	the foregoing is true and correct	D.÷	ision Production	. 7 8 C 8 %	2 - 1		
SIGNED	v. IIvyers	TITLE DIV	ision Production	Manager DA	ra)	·	
(This space for Feder	al or State office use)						
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CONDITIONS OF API	PROVAL, IF ANY:	TITLE			res <u> </u>		
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*See Instructions on Reverse Side