

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

PERMIT IN TRIPLICATE
SEE INSTRUCTIONS ON REVERSE SIDE

Form approved
Budget Bureau No. 42-13424
U. S. G. S. DESIGNATION AND SERIAL NO.

Santa Fe, Conn 8361

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(For use in connection with proposals to drill or to deepen or plug back to a different reservoir.
See Application for Permit " " for such proposals.)

1. NAME OF WELL

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1714, Durango, Colorado

4. TO BE COMPLETED BY REPORTER WITH ANY STATE REQUIREMENTS.

5. DATE OF REPORT

692 FVL 1980 FVL Section 31, T. 29 N., R. 13 W.

6. DATE OF WELL

7. LOCATION (Show whether oil, gas, or other)

8. UNIT AGREEMENT NAME

Central Cha Cha Unit

9. FARM OR LEASE NAME

Central Cha Cha

10. WELL NO.

4

11. FIELD AND POOL OR WILDCAT

Cha Cha Gallup

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

Sec. 31, T29N, R13W

13. COUNTY OR PARISH 14. STATE

San Juan

New Mexico

15. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

16. NATURE OF NOTICE

SUBSEQUENT REPORT OF:

17. WATER SHUT-OFF

18. PRACTURE TREATMENT

19. SHOOTING OR CHIZING

20. OTHER

21. REPAIRING WELL

22. ALTERING CASING

23. ABANDONMENT

24. CONVERT TO WATER INJECTION

25. WATER SHUT-OFF

26. PRACTURE TREATMENT

27. SHOOTING OR CHIZING

28. OTHER

29. REPAIRING WELL

30. ALTERING CASING

31. ABANDONMENT

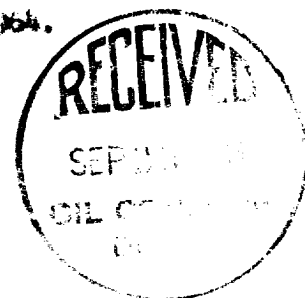
convert to water injection

Note: Report results of multiple completion on Well Completion or Re-completion Report and Log form.

18. I hereby certify that the foregoing is true and correct. (This space for Federal or State office use)

Converted to water injection as follows:

1. Pulled tubing. Tagged bottom, cleaned out sand.
2. Steam cleaned and hydro tested.
3. Set packer 20' above Gallup perfs.
4. Loaded annulus with corrosion inhibited fluid.
5. Job completed and commenced injecting water August 14, 1964.



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

SIGNED _____
(This space for Federal or State office use)

Dist. Production Dept.

TITLE

DATE **9-23-64**

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side