

(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Submit in triplicate
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT ASSIGNMENT NAME CENTRAL GAS CHA UNIT
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 1200 Lincoln Tower Bldg., Denver, Colorado 80203	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 1980 FSL / 692 FWL	10. FIELD AND POOL, OR WELLS CHA-CHA GALLUP
11. PERMIT NO.	11. SECTION, TOWNSHIP, AND RANGE SEC. 31, T. 14N., R. 13W.
12. ELEVATIONS (Show whether of, to, or, etc.) 5933 G.L.	12. COUNTY OR PARISH SAN JUAN
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT ON:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETS ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Shut-In</u> ☒	

(Note: Report results of multiple completions or well Completion or Recombination Report and Log.)

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.)

STATUS OF WELL:

SHUT-IN

APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED: **1/71**

REASON FOR TEMP ABAND: **MECHANICAL PROBLEMS + LOW PRODUCTIVITY**

FUTURE PLANS FOR WELL: **WILL ATTEMPT TO PUT BACK ON PUMP
PENDING STUDY OF MECHANICAL CONDITION**

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING: **5/75**

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

SIGNED

D. D. Myers

TITLE

Dr. Paul Myers

DATE

12-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side