

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

M 01480

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USA-Reno Oil Co.

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

Sec. 3, T-15-S, R-31-E

12. COUNTY OR PARISH 13. STATE

Chaves New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Box 1031, Midland, Texas

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

990' PSL & 330' FWL of Section 3

14. PERMIT NO.

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

3000 GL (Estimated)

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.)*

Spudded 12 1/4" hole 10:00 P.M. CST, 12-8-64. Set and cmtd. 8 5/8" OD, 32# csg. @ 372' with 250 sx 50-50 Pozmix Incor, 2% CaCl₂. Cmt. circulated. Pressure tested csg. to 1000 PSI after WOC 12 hrs. Held OK.

RECEIVED

DEC 30 1964

O. G. G.
ARTESIA, OFFICE

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

SIGNED R.O. Bowery
R.O. Bowery

TITLE Dist. Office Supervisor DATE 12-13-64

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DEC 20 1964
R. L. BELMONT
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side