Form approved. Budget Bureau No. 42-R1424.

DEPARTILENT OF THE INTERIOR verse side)			5. LEASE DESIGNATION AND SERIAL NO. LC 063934		
SUNDRY NC (Do not use this form for pro Use "APPL	GEOLOGICAL SURVEY OTICES AND REPORTS (posals to drill or to deepen or plug ication for PERMIT—" for such p	ON WELLS back to a different reservoir.	6. IF INDIAN, ALLOTTE	E OR TRIBE NAME	
OIL X GAS WELL OTHER		· · · · · · · · · · · · · · · · · · ·	7. UNIT AGREEMENT N	AMB	
2. NAME OF OPERATOR Tenneco Oil Company			8. FARM OR LEASE NA	MB	
3. ADDRESS OF OPERATOR Box 1031, Midland, Tex	œs	,	9. WELL NO.	. :	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL & 330' FWL of Sec. 13			10. FIELD AND POOL, OR WILDCAT Henshaw (Q.G. SA)		
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
			Sec.13,T-16-S,R-30-E		
14. PERMIT NO.	15. ELEVATIONS (Show whether Di	r, RT, GR, etc.)	Eddy	New Mexico	
16. Check	Appropriate Box To Indicate N	Nature of Notice, Report, or C)ther Data	*	
NOTICE OF INTENTION TO:			QUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS Shut In	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recompl	ALTERING C ABANDONME of multiple completion etion Report and Log fo	on Well	
17. DESCRIBE PROPOSED OR COMPLETED C proposed work. If well is directed to this work.)	OPERATIONS (Clearly state all pertines ctionally drilled, give subsurface loca	nt details, and give pertinent dates, tions and measured and true vertice	including estimated da al depths for all marker	te of starting any s and sones perti-	
Plans are to shut in to be removed.	subject well to hold	ior Secondary Recover	A. No edutbue	mc 18	
The cost of installing deducting operating	wing. Offset wells ar ag pumping unit on thi expenses from o monthl t wells. The San Andr	s well could not be p y revenue if it pumpe	aid out after d at a rate cl	Lose	

RECEIVED

FEB 1 9 1965

O. C. C. ARTERIA, DEFICE

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18. I hereby certify that the foregoing is true and correct SIGNED R.O. Bowery	TITLE	District Office Supervisor	DATE Feb.	12, 1965
APPROVED BY Model C. Sare J.	TITLE	ACTING DISTRICT ENGINEER	DATE FEE	31 8 196H
CONDITIONS OF APPROVAL, IF ANY:	IIIDE			