

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN PLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>Water Injection</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>NM 0610</u>
2. NAME OF OPERATOR <u>Tenneco oil Company</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>Box 1031, Midland, Texas 79701</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660' FSL & 1980' FWL</u>	8. FARM OR LEASE NAME <u>S. M. Henshaw Premier Unit</u>
14. PERMIT NO.	9. WELL NO. <u>12</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3754</u>	10. FIELD AND POOL, OR WILDCAT <u>Henshaw West (Grayburg)</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 18, T-16S, R-30-E</u>
	12. COUNTY OR PARISH <u>Eddy</u> 13. STATE <u>New Mex</u>

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.)*

4-11-69

1. Tagged bottom at 2803

2. Ran injection tubing with packer set at 2652'

3. Began injection 6-7-69

RECEIVED

JUL 31 1969

RECEIVED

AUG 1 - 1969

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

O. C. C.
ARTESIA, OFFICE

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

SIGNED

L. M. Williams

TITLE

Production Engineer

DATE

7-30-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES ONLY

JUL 31 1969

Date

ACTING

District Engineer

*See Instructions on Reverse Side