

ILLEGIBLE

1. NAME OF OPERATOR
2. LOCATION OF WELL REPORT LOCATION, CLEARLY SHOWING IF
AT SURFACE 1095' FWL 1520' FWL
AT TOP PROD. INTERVAL
AT TOTAL DEPTH SAME
3. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE
REPORT OR OTHER DATA

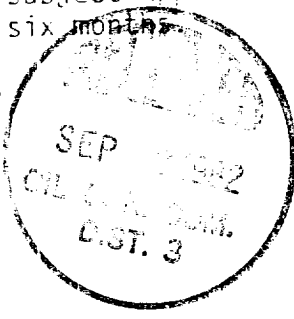
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
TEST WATER SHUT OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
TO AB WELL
HALL OR WATER CHANGING
MULTIPLE COMPLETE
CHANGE ZONES
ABANDON*
(other) Extend Approval of APD

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17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS TO BEYOND STATEMENT OF DETAILS, AND GIVE PERTINENT DATA, INCLUDING ESTIMATED DATE OF STARTING OR PROPOSED DATE. IF WELL IS DIRECTLY DRILLED, GIVE SUBSURFACE LOCATIONS AND MEASURED AND TRUE VERTICAL DEPTHS FOR ALL MARKERS AND ZONES PERTINENT TO THIS WORK.

Tenneco respectfully requests the approval of the subject Application for Permit to Drill be extended for an additional six months

extended to 3/8/83



Subsurface Safety Valve: Make and Type _____ Set _____

18. I hereby certify that the foregoing is true and correct
SIGNATURE _____ TITLE _____ August 16, 1981
(This space for Federal or State office use)

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

*See instructions on Reverse Side

NMOCC
OPERATOR

