Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1421.

5. LEASE DESIGNATION AND SERIAL NO.

**NM 067081**

## 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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL [X]   GAS WELL [ ]   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

**TENNECO OIL COMPANY**

8. FARM OR LEASE NAME

**INSALL FEDERAL COM**

3. ADDRESS OF OPERATOR

**BOX 1031 MIDLAND, TEXAS 79701**

9. WELL NO.

**1**

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

10. FIELD AND POOL, OR WILDCAT

**VADA BOUGH C**

**660' FSL & 660' FWL, UNIT M, SEC 12, T9S, R34E**

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

**12-9S-34E**

14. PERMIT NO.

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

**4226 DF**

12. COUNTY OR PARISH **LEA**  | 13. STATE **NM**

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 [X]
(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.) *

6-12-68

PERFORATED ½" JET SHOT AT 9800; 02; 04; 06; 08; 14; 16

SPOTTED 1000 GALS 15% LTNE ACID ACROSS PERFS
9800 to 9816.

PREPARE for POTENTIAL TEST

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

SIGNED _Ronald R. Karrasch_ TITLE **SR. PROD CLERK** DATE **6-13-68**

(This space for Federal or State office use)

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

APPROVED
JUN 17 1968
A. R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side