	N. M. O. C. C. COPY		
Form 9-331	UPITED STATES	SUBMIT IN TRIP-CATE	Form approved. Budget Bureau No. 42–R1424.
(May 1963)	DEPARTM. I OF THE INTERI	IOR (Other instruction on re-	5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY		NM 01480
	IDDY MOTICES AND DEPONTS (ONL WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this	IDRY NOTICES AND REPORTS (I form for proposals to drill or to deepen or plug to Use "APPLICATION FOR PERMIT—" for such proposed to the proposed proposed to the proposed proposed to the proposed propos	JN WELLS cack to a different reservoir. roposals.)	
1. OIL TO GAS	OTHER		7. UNIT AGREEMENT NAME
WELL A WELL 2. NAME OF OPERATOR	U OTHER		8. FARM OR LEASE NAME
Tenneco Oil Company			USA-Reno Oil Company
3, ADDRESS OF OPERATO			2
Box 1031. Midland. Texas 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)			10. FIELD AND POOL, OR WILDCAT
At surface 990' FSL & 330' FWL of Section 3			Undesignated 11. SBC., T., R., M., OR BLR. AND SURVEY OR ARBA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF	r, RT, GR, etc.)	Sec. 3. T-15-S. R-31-E 12. COUNTY OR PARISH 13. STATE
	4410 GL		Chaves New Mexico
16.	Check Appropriate Box To Indicate N	lature of Notice Report or C	Other Data
	NOTICE OF INTENTION TO:		ENT REPORT OF:
	NOTICE OF INTENTION TO.	508549	¬ —
TEST WATER SHUT-		WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING ABANDONMENT®
SHOOT OR ACIDIZE	ABANDON®	SHOOTING OR ACIDIZING (Other)	
REPAIR WELL (Other)	Change Plans	(Norm: Report results	of multiple completion on Well etion Report and Log form.)
proposed work. I nent to this work.)	R COMPLETED OPERATIONS (Clearly state all pertinent well is directionally drilled, give subsurface located.) d. 4 1/2" OD, 9.5# J-55 csg. @	nons and measured and true vertice	in depting for all markets and source perce-
	ith LA-2. Top of cmt. 2985' b		-
	SI after WOC 25 hrs. Held OK.		
to 1000 P	51 after woc 2) hrs. held ok.		· · · · · · · · · · · · · · · · · · ·
	0 10		
	Reid		
		965	
	JAIN of "		INL
			TOP WEY
			ate 31 SURGO
			OEC 3 WELLOW
			CEOLO WEN
			5. CSIA.
			RECEIVED DEC 3 1 964 SURVEY DEC 3 1 964 SURVEY DEC 3 1 PARTESIA. NEW MEXICO
			4 T
18. I hereby certify the	t the foregoing is true and correct		
SIGNED	R.O. Bowery TITLE Dis	t. Office Supervisor	DATE 12-29-64
(This space to Red	erator State office use)		

*See Instructions on Reverse Side

PROVAL, IF ANY: