

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME USA-Trigg "B"
3. ADDRESS OF OPERATOR Box 1031, Midland, Texas		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 660' FSL & 1980' FEL of Section 8		10. FIELD AND POOL, OR WILDCAT Undesignated
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3640 RT	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-19-S, R-32-E
		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Temporary Abandonment	<input checked="" type="checkbox"/>		

(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.)*

Perforated 11,608-14 with 4 SPF. Acidized with 1500 gal ret. acid. Max SI press 6600 PSI. Min SI press 6000 PSI. Avg. pmpg rate 2.6 BPM. No oil production. Re-acidized with 3000 gal ret. acid. Initial pump in press 1900 PSI @ 1/4 BPM, 2700 PSI @ 1/2 BPM, 3000 PSI @ 1 BPM, 3300-4700 PSI @ 1.6 BPM. No oil production. Squeezed perfs with 80 sx cmt. Perforated interval 11,604-14 with 81 holes, 8 BPF. Acidized perfs with 4250 gal DS-50 acid and 1000 gal TPA. Max pump in press 5000 PSI. Min pump in press 1000 PSI. Installed pumping equipment. No oil production. Shut in well 6-30-64. Well temporarily abandoned, to be held for possible salt water disposal purposes.

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

SIGNED R. O. Bowery
R. O. Bowery

TITLE District Office Supervisor

DATE July 17, 1964

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE J. L. Gordon
J. L. Gordon

DATE July 20, 1964

*See Instructions on Reverse Side