Form 9-331 (May 1963)	UNITED STATES	SUBMIT IN TRIPLICATED (Other Instructions (>	Form approved. Budget Bureau No. 42-R1424
DEPARTMENT : THE INTERIOR (Other Instructions C > GEOLOGICAL SURVEY			5. LEASE DESIGNATION AND BERIAL NO. LC 067230
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
OIL GAS OTHER TO CONVERT TO WATER INJECTION 2. NAME OF OPERATOR			7. UNIT AGREEMENT NAME LUSK (Seven Rivers)
Tenneco Oil Company			8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 1860 Lincoln St., Suite 1200, Denver, Colorado 80203			9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			Lusk (Seven Rivers) 8-1
1980 FSL and 1980 FEL			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. PERMIT NO.	15. ELEVATIONS (Show whether DF	, RT, GR, etc.)	Sec. 3, T19S, R32E 12. COUNTY OR PARISH 13. STATE
3. CL I	3682 DF		Lea New Mexic
. Check	Appropriate Box To Indicate N	i	ther Data
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) Convert DESCRIBE PROPOSED OR COMPLETED or proposed work. If well is directly to this work.	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS TO Water inj. DEFENTIONS (Clearly state all pertinent ctionally drilled, give subsurface locations)	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results of Completion or Recompletion or Recompletions, and give pertinent dates, it ons and measured and true vertical	REPAIRING WELL ALTERING CASING ABANDONMENT* of multiple completion on Well tion Report and Log form.) ncluding estimated date of starting any depths for all markers and zones perti-
 MIRUPU Pull Set Baker Mod Clean up area 	tubing. Then run tubi el A-D tension packer	ng and load hole with <u>+</u> 150 above perforatio	tio fran
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I hereby certify that the foregoing	is true and correct		
SIGNED D. D. Mye		. Prod. Manager	DATE 2-9-76
(This space for Federal or State of	fice use)		
APPROVED BYCONDITIONS OF APPROVAL, IF	ANY:		Noate