F	orm	9-331
t	Mar	15631

Form s	ipproved,		
Budget	Bureau	No.	42-R1424
			CRIAL NO.

(May 1963)			Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND BERIAL NO. NM-7951	
SUND (Do not use this for	RY NOTICES AND REPORT rm for proposals to drill or to deepen or p ise "APPLICATION FOR PERMIT—" for sa	S ON WELLS lug back to a different reservoir. ach proposals.)	G. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL X CAB WELL X	OTHER		7. UNIT AGREEMENT NAME	
Z. NAME OF OPERATOR Tenneco Oil Co	ompany	cro i \$ 1377	Leonard Federal	
3. ADDRESS OF OPERATOR 1860 Lincoln S	St., Suite 1200, Denver, C	olorados 80295	10. FIELD AND POOL; OR WILDCAT	
4. LOCATION OF WELL (REP See also space 17 below. At surface	1980' FSL and 1980' F		Econard Queen South 11. BEC. T. B. M., OR BLE. AND Sec. 24.5 T26S5, =R37E	
14. PERMIT NO.	15. ELEVATIONS (Show wheth	er dr. Rt. GR. etc.) 992.2 GL	12. COUNTY OR PARISH 13. STATE	
TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR C proposed work. If we nent to this work.)*	Check Appropriate Box To Indication To: PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	water shut-off FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recompletion or Recompletion or Recompletion or Recompletion and measured and true vertical verti	BEPAIRING WELL ALTERING CASING ABANDONMENT Sof multiple completion on Well letton Report and Log form.) Including estimated date of starting any all depths for all markers and zones perting He Id=OK. Shall NE acid. With 7.0 sacks Ites. Held OK. 1 94, and Gid Frac'd	

18. I hereby certify that the foregoing is true and correct TITLE Div. Production Manager (This space for Federal or State office use) APPROVED BY _______CONDITIONS OF APPROVAL, IF ANY: TITLE

*See Instructions on Reverse Side

HOBBS, NEW MEXICO