

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP  
(Other instruction  
verse side)

Form approved  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0299646

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Duncan Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated *WASH*  
SURVEY OR AREA *Strawn*

Sec. 27, T-19-S, R-31-E

12. COUNTY OR PARISH 18. STATE

Eddy

New Mexico

1. OIL ☒ WELL GAS ☐ WELL OTHER ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Box 1031, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

760' FNL & 990' FEL of Sec. 27

14. PERMIT NO.

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

3540 GL Estimated

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

(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.)\*

Spudded 17 1/2" hole 5:00 P.M. 3-20-65. Set & cmtd 13 3/8" OD, 48#, H-40  
csg @ 697' w/550 sx 50-50 Poz, 2% gel, 2% CaCl<sub>2</sub> + 100 sx Class "C" w/2%  
CaCl<sub>2</sub>. Cmt circulated. Pressure tested csg to 1000 psi for 30 min after  
WOC 8 1/2 hrs. Held OK. Mixing temp 67°. Formation temp 64°. Estimated  
compressive strength after WOC 8 1/2 hrs is 1000 psi.

RECEIVED

MAR 31 1965

O. C. C.  
ARTESIA, OFFICE

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

SIGNED

*R. O. Bowery*  
R. O. Bowery

TITLE Dist. Office Supervisor

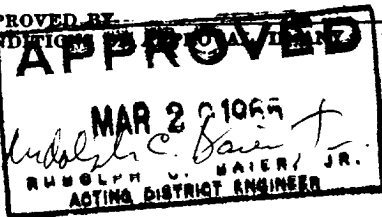
DATE 3-25-65

(This space for Federal or State office use)

APPROVED BY  
CONDITION

TITLE

DATE



\*See Instructions on Reverse Side