

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>Tenneco Oil Company</u></p> <p>3. ADDRESS OF OPERATOR <u>Box 1031, Midland, Texas</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>760' FNL & 990' FEL of Section 27</u></p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3540 GL (Estimated)</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM 0299646</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Duncan Federal</u></p> <p>9. WELL NO. <u>1</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Undesignated Lusk</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 27, T-19-S, R-31-E</u></p> <p>12. COUNTY OR PARISH <u>Eddy</u></p> <p>13. STATE <u>New Mexico</u></p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)*

Set & cmtd 8 5/8" OD, 32#, J-55 csg @ 3947' w/200 sx Incor 2% CaCl₂ - 1st stage & w/200 sx 50-50 Poz 6% gel - 2nd stage. Pressure tested csg to 1000 psi for 30 min after WOC 15 hrs. Held OK. Top of cmt 2000' by temp survey. Mixing temp 68°. Formation temp 99°. Estimated compressive strength after WOC 15 hrs is 1580 psi.

RECEIVED

APR 5 1965

O. C. C.
ARTESIA, OFFICE

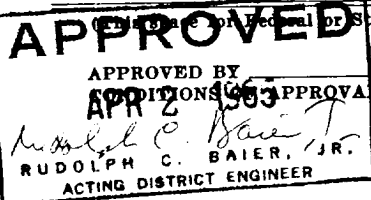
18. I hereby certify that the foregoing is true and correct

SIGNED

R.O. Bowery

TITLE Dist. Office Supervisor

DATE 3-31-65



TITLE

DATE

*See Instructions on Reverse Side