

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 063696

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Barton Federal	
3. ADDRESS OF OPERATOR Box 1031, Midland, Texas		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 660' FEL of Section 22		10. FIELD AND POOL, OR WILDCAT Undesignated <i>Lusk</i>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Strawn	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH Eddy	
		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 ☐

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 $\frac{1}{2}$ " hole 9:00 PM MST 2-1-65, Set & Cmt'd 13 3/8" 48# H-40 Csq. @ 708' W/ 650 sx 50-50 Poz Incor 2% Ca Cl<sub>2</sub>. Cmt circulated. Pressure tested csg. 30 min. to 1000 psi after WOC 12 hrs. Held o.k. Mixing temperature 68° Formation temperature 67°. Estimated compressive strength after WOC 12 hrs. is 1460 psi.

RECEIVED

FEB 16 1965

O. C. C.  
ARTERIA, OFFICE

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

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

TITLE District Office Supervisor

DATE 2-11-65

(This space for Federal or State office use)

ACTING DISTRICT ENGINEER

APPROVED BY *[Signature]*  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB 15 1965