

U. S. DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Copy of J. N. 70
SUBMIT IN TRI-VERSE SIDE
ATE*

Form approved.
Budget Bureau No. 42-B1424.

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 Lusk Strawn
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-19-S, R-31-E
15. ELEVATIONS (Show whether DF, RT, OR, 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 COMPLETION
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.)*

Set & Cmtd 8 5/8" 32# J-55 csg @ 3964' in two stages.

1st Stage w/200 sx Poz Incor, 2% CaCl₂.

2nd Stage w/200 sx 50-50 Poz Incor, 6% gel.

Top of cement @ 2000' by temp survey. Pressure tested csg for 30 min to 1000 psi after WOC 21 hrs. Held OK.

RECEIVED

FEB 24 1965

D. C. C.
ARTERIA, OFFICE

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

SIGNED R. O. Bowery
(This space for Federal or State office use)

TITLE Dist. Office Supervisor

DATE 2-19-65

APPROVED BY W. G. C. Bair
CONDITIONS OF APPROVAL, IF ANY:

ACTING DISTRICT ENGINEER
TITLE

DATE FEB 23 1965