

DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 063696
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 1031, Midland, Texas		7. UNIT AGREEMENT NAME
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		8. FARM OR LEASE NAME Barton Federal
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3501 GL		10. FIELD AND POOL, OR WILDCAT Undesignated Lusk
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Strawn
		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

PULL OR ALTER CASING

FRACTURE TREAT.

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

## 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 4 1/2", 11.6# J-55 & N-80 csg @ 11,377 w/250 sx 50-50 Poz, 0.4% HR4  
followed by 75 sx latex incor. Top of cmt 9620 by temp survey. Press tested  
csg to 1000 psi for 30 min after WOC 57 hrs. Held OK.

RECEIVED

APR 8 1965

O. C. C.  
ARTESIA, OFFICE

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

SIGNED

J. F. Carnes

TITLE

Dist. Prod. Foreman

DATE

3-19-65

(This space for Federal or State office use)

APPROVED  
CONDITIONS OF APPROVALAPR 7 1965  
RUDOLPH C. BAUER, JR.  
ACTING DISTRICT ENGINEER

TITLE

DATE

\*See Instructions on Reverse Side