

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other ins
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0107697

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 Jones Federal "B"	
3. ADDRESS OF OPERATOR Box 1031, Midland, Texas		9. WELL NO. 3	
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 23		10. FIELD AND POOL, OR WILDCAT Undesignated Lusk Strawn	
14. PERMIT NO.		15. ELEVATIONS (Show whether DE, RT, GR, etc.) 3540 GL Estimated	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T-19-S, R-31-E		12. COUNTY OR PART OF 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.)*

Set and cmtd 8 5/8" OD, 32# csg at 3949' in two stages. First stage - cmtd around base of csg with 200 sx 50-50 Pozmix Incor with 6% gel followed with 100 sx Incor with 2% CaCl₂. Second stage - cmtd through DV tool at 2313 with 1200 sx 50-50 Pozmix Incor with 6% gel followed with 100 sx Incor with 2% CaCl₂. (Top of cmt by temp survey at 350'). Pressure tested csg to 1000 psi for 30 minutes after WOC 20 hrs. Held OK.

RECEIVED

OCT 20 1964

O. C. C.
ARTESIA, OFFICE

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

SIGNED

Richard O. Bowery

TITLE Dist. Office Supervisor

DATE 10/16/64

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side