

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT (Other 1
verse side, TRIPPLICATE*
ctions on re-

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Tenneco Oil Company ✓

3. ADDRESS OF OPERATOR
Box 1031, Midland, Texas

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3531' DF

5. LEASE DESIGNATION AND SERIAL NO.
NM 0107697

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jones-Federal "B"

9. WELL NO.
3

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 ☐
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 cmt'd 4 1/2" OD, 11.6# csg at 11,560' with 220 sx Class "C" 50-50 lt
Pozmix cmt followed by 75 cu ft sealment. Top of cmt at 10,025 by temp survey.
Pressure tested csg to 1000 PSI for 30 minutes after WOC 83 hrs. Held OK.

RECEIVED

NOV 13 1964

O. C. C.
ARTESIA. OFFICE

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

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

TITLE Dist. Office Supervisor

DATE 11-9-64

APPROVED [Signature]
CONDITION OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side