

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TEL. DATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Lusk Strawn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 26, T-19-S, R-31-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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' FNL & 660' FEL of Section 26

14. PERMIT NO.

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

3513 DF

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 PLANE

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 17-1/2" hole 12:00 PM 6-18-65. Set and cemented 13-3/8" 48# H-40 casing at 701' w/550 sacks Incor Poz (50-50) 2% gel, 2% Ca Cl₂ tailed in w/100 sacks Incor 2% CaCl₂ cement circulated. Pressure tested casing 30 mins. at 1000 psi after WOC 9-1/2 hours. Mixing temperature 72°. Formation temperature 68°. Estimated compressive strength after WOC 9-1/2 hours is 1120 psi.

RECEIVED

JUL 6 1965

C. C. C.
ARTESIA OFFICE

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

SIGNED

J.F. Carnes

TITLE

Dist. Prod. Foreman

DATE

6-30-65

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

JUL 2 1965

RUDOLPH C. BAIER, JR.
ACTING DISTRICT ENGINEER

TITLE

DATE

*See Instructions on Reverse Side