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OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

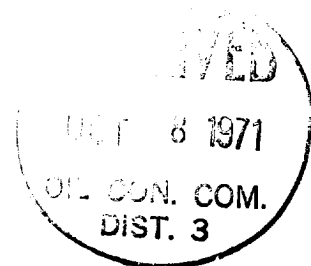
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Convert to Gas Injection		7. Unit Agreement Name
2. Name of Operator Tenneco Oil Company		8. Farm or Lease Name SFP-RR
3. Address of Operator Suite 1200 Lincoln Tower Bldg., Denver, Colorado 80203		9. Well No. 2
4. Location of Well UNIT LETTER L 660 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 13 TOWNSHIP 17N RANGE 9W NMPM.		10. Field and Pool, or Wildcat Undesignated Dakota "A"
15. Elevation (Show whether DF, RT, GR, etc.) 6961 GR		12. County McKinley

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Convert to Gas Injection <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Move in service unit, kill well with 1% KCL water, pull 2 3/8" tubing, run Model D packer with latch in mandrel to be set at ± 2515. Run 2 7/8" EUE tubing and latch into packer. Fill tubing-casing annulus w/1% KCL water, swab as needed, hook up well for injection.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *S. A. Ford* TITLE Sr. Production Clerk DATE 10-6-71

Original Signed by A. R. Kendrick

APPROVED BY _____ TITLE INTRODUCED ENGINEER DIST. NO. 3 DATE OCT 8 1971

CONDITIONS OF APPROVAL, IF ANY:

