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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.
7. Unit Agreement Name
8. Farm or Lease Name SFP-RR "B"
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
12. County McKinley

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> P & A
2. Name of Operator Tenneco Oil Company
3. Address of Operator Suite 1200 Lincoln Tower Building, Denver, Colorado 80203
4. Location of Well UNIT LETTER L, 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 29 TOWNSHIP 20N RANGE 10W NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 6392 GR

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 checked="" 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 <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

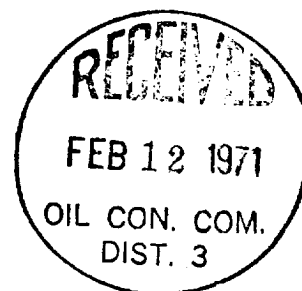
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well drilled to TD of 3658', Logged and all zones tested dry on 2-6-71. We propose to P & A as follows:

Depth		
From	To	No. Sacks Cement
3658	3185	125
2500	2333	50
1200	1033	50
15	71	15
Surface	--	10

Clean location & install dry hole marker.

CONFIDENTIAL



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

SIGNED E. A. Jones TITLE Sr. Production Clerk DATE 2-8-71

APPROVED BY Emmyl C. Cline TITLE SUPERVISOR DIST. #3 DATE 2-12-71

CONDITIONS OF APPROVAL, IF ANY: