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LAND OFFICE	
OPERATOR	

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Tenneco Oil Company	8. Farm or Lease Name Valdez A
3. Address of Operator P.O. Box 3249, Englewood, CO 80155	9. Well No. 1E
4. Location of Well UNIT LETTER <u>G</u> <u>2390</u> FEET FROM THE <u>North</u> LINE AND <u>2560</u> FEET FROM THE <u>East</u> LINE, SECTION <u>24</u> TOWNSHIP <u>29N</u> RANGE <u>11W</u> NMPM.	10. Field and Pool or Wildcat Basin Undes Bloomfield Dakota M.V. Chacra
15. Elevation (Show whether DF, RT, GR, etc.) 5474' ground	12. County San Juan

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER Request extension ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

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.

Tenneco respectfully requests an extension of approval.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES 1-6-82



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

SIGNED Don H. Morrison TITLE Production Analyst DATE July 8, 1981

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

JUL 10 1981

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: