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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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
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5. State Oil & Gas Lease No.  
B-11303-1

## 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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Tenneco Oil Company	8. Farm or Lease Name State Com LL
3. Address of Operator P. O. Box 1714, Durango, Colorado 81301	9. Well No. 12
4. Location of Well UNIT LETTER <u>D</u> <u>790</u> FEET FROM THE <u>North</u> LINE AND <u>1190</u> FEET FROM THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>30N</u> RANGE <u>9W</u> NMPM.	10. Field and Pool, or Wildcat Blanco-Pictured Cliffs
15. Elevation (Show whether DF, RT, GR, etc.)	12. County San Juan

## 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 ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER Perf, frac and complete ☒

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.

8-3-66 Perforated 2466-2470', 2494-2498' and 2510-2514' w/ 2 HPF. Fraced w/ 29,000 gals. water and 30,000# sand. Complete. W.O. test.



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

SIGNED Harold C. Nichols  
Harold C. Nichols

TITLE Sr. Production Clerk

DATE 8-22-66

Original Signed by Emery C. Arnold

APPROVED BY: \_\_\_\_\_

TITLE SUPERVISOR DIST. #3

DATE AUG 23 1966

CONDITIONS OF APPROVAL, IF ANY: