

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <i>NM 1384999</i>
2. NAME OF OPERATOR <i>Tenneco Oil Company</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>Box 1031 - Midland, Texas</i>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>660' FSL 1980' FEL</i>		8. FARM OR LEASE NAME <i>Del-Ser Federal</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3341-6L</i>	9. WELL NO. <i>1</i>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT <i>Bradley Area</i>
NOTICE OF INTENTION TO:		11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA <i>25-T-26-S, R-33-E</i>
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	12. COUNTY OR PARISH 13. STATE <i>Lea N.M.</i>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	
(Other) <input type="checkbox"/>		
SUBSEQUENT REPORT OF:		
WATER SHUT-OFF <input type="checkbox"/>		REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>		ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>		ABANDONMENT* <input type="checkbox"/>
(Other) <i>Sand 8 5/8" casing</i>		

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.)\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

*Spud - 6:30 p.m. MST 11-5-71*  
*Drilled 12 1/4" hole to 360'*  
*Ran 8 jts 8 5/8" - 24#, J-55, 8R, STC casing to 357.33*  
*Cntd casing w/170 lbs of class H 29, col by P.D. 7:30 a.m. 11-6-71.*  
*Cement did not circulate. Cement top @ 15' below ground level. Packed*  
*Per gravel around casing + down to cement top. WOC 14 hrs. Tested*  
*w/500# PSI for 40 min. Casing held o.k. Mixing temp 45°*  
*Formation temp. 64°. Est compressive 1560 PSI Cement slurry*  
*Volume 200.60 CF.*

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

SIGNED *David L. Cannon* TITLE *clerk* DATE *11-15-71*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR DATE  
 NOV 17 1971

RECEIVED

APR 23 1971

OIL CONSERVATION COMM.  
HOBBBS, I. M.