

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE (Other instructions reverse 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 [X] GAS WELL [] OTHER []
2. NAME OF OPERATOR: Tenneco Oil Company
3. ADDRESS OF OPERATOR: Box 1031, Midland, Texas
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: 1980' FNL & 1980' FWL of Section 6
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3655 GL Estimated

5. LEASE DESIGNATION AND SERIAL NO.: LC 071857-B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME: USA-Continental "B" Unit
9. WELL NO.: 1
10. FIELD AND POOL, OR WILDCAT: Undesignated
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 6, T. 19-S, R-32-E
12. COUNTY OR PARISH: Lea STATE: New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF [], FRACTURE TREAT [], SHOOT OR ACIDIZE [], REPAIR WELL [], (Other) []
PULL OR ALTER CASING [], MULTIPLE COMPLETE [], ABANDON* [], CHANGE PLANS []
SUBSEQUENT REPORT OF: WATER SHUT-OFF [X], FRACTURE TREATMENT [], SHOOTING OR ACIDIZING [], (Other) []
REPAIRING WELL [], ALTERING CASING [], ABANDONMENT []
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Spudded 17 1/2" hole 6:45 P.M. MST 9-23-64. Set and cmtd 13 3/8" OD 48% csg at 650' with 650 sx 50-50 Pozmix Incor cmt with 2% CaCl2. Cmt circulated. Pressure tested csg to 1000 PSI for 30 mins after WOC 13 hrs. Held OK. Formation temp 67°. Estimated compressive strength after WOC 12 hrs is 1480 psi.

18. I hereby certify that the foregoing is true and correct
SIGNED: [Signature] R.C. Bowers TITLE: Dist. Office Supervisor DATE: 9-30-64

APPROVED BY: [Signature] TITLE: DATE: OCT 2 1964

*See Instructions on Reverse Side GORDON ACTING DISTRICT ENGINEER

Vertical text on the right side of the page, possibly bleed-through or a stamp, including the word "Instructions" written vertically.