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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"/>
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 <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator Tenneco Oil Company		8. Farm or Lease Name State N	
3. Address of Operator P.O. Box 3249, Englewood, CO 80155		9. Well No. #1	
4. Location of Well UNIT LETTER <u>M</u> , <u>1100'</u> FEET FROM THE <u>South</u> LINE AND <u>790</u> FEET FROM THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>29N</u> RANGE <u>9W</u> N.M.P.M.		10. Field and Pool, or Wildcat Basin Dakota	
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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <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.

Tenneco proposes a new casing design as follows:

Hole	Csg Size	Weight	Feet	Cmt
12-1/4"	9-5/8"	36#	250'	Circ cmt
8-3/4"	7"	23#	2850'	Circ cmt
6-1/4"	4-1/2"	10.5#	6890'	Circ cmt

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

SIGNED Frank T. Chavez TITLE Asst. Div. Adm. Mgr. DATE 11/4/80

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

NOV 12 1980

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: