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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 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Tenneco Oil Company	8. Farm or Lease Name State Tract OG-4303
3. Address of Operator Box 1031, Midland, Texas	9. Well No. 2Y
4. Location of Well UNIT LETTER <u>D</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>35</u> TOWNSHIP <u>10-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat South Lane Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4194 GL	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Set & cmtd 5 1/2" OD, 17#, N-80 & J-55 csg @ 9680' w/145 sx 50-50 Poz & Incor
w/2% gel + 22 sx Incor w/Latex. Top of cmt 8200' by temp survey. Pressure tested
csg to 1000 psi after WOC 30 hrs. Held OK.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>J.F. Carnes</u>	TITLE <u>Dist. Prod. Foreman</u>	DATE <u>4-14-65</u>
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		