

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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 D , 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 10-S RANGE 33-E NMPM.		10. Field and Pool, or Wildcat South Lane-Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4200 GL (Estimated)		12. County Lea

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 ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 8 5/8" OD, 32#, J-55 csg @ 4000' w/450 sx 50-50 Poz, 4% gel, tailed in w/150 sx reg, 2% CaCl₂. Top of cmt 2500' by temp survey. Pressure tested csg to 1000 psi for 30 min after WOC 12 hrs. Held OK. Mixing temp 69°. Formation temp 100°. Estimated compressive strength after WOC 12 hrs is 1480 psi.

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

SIGNED *R. D. Bowers* TITLE Dist. Office Supervisor DATE 3-25-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: