

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SUN 14 1985  
NEW MEXICO 87501  
O. C. D.  
ARTESIA, OFFICE

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease  
State ☐ Fee ☒  
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- 2. Name of Operator Tenneco Oil Company ✓ 3. Address of Operator 7990 IH 10 West, San Antonio, TX 78230 4. Location of Well UNIT LETTER B 380 FEET FROM THE north LINE AND 2200 FEET FROM THE east LINE, SECTION 19 TOWNSHIP 10S RANGE 28E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3760.4 GR	7. Unit Agreement Name 8. Farm or Lease Name Plains SL 19 9. Well No. / 10. Field and Pool, or WHdcat Wildcat-Devonian 12. County Chaves
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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 1703.

Ran 51 jts. 8 5/8" 24# K55 STC casing (1980.21') set casing at 1965'. Cemented with 750  
sxs of 50-50 Class C, 2% Gel, 5#/sack salt, 1#/sack Flo-cel. Plugged pump down with 1000  
psi on 6/4/85. Calculated top of cement at 100' WOC 24 hours, Tested casing and BOP to  
1500 psi. Held OK. Resumed operations.

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

SIGNED Don Lindsey TITLE Division Drilling Engineer DATE 6/10/85  
Original Signed By  
Les A. Clements  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 17 1985  
Supervisor District II  
CONDITIONS OF APPROVAL, IF ANY: