

N. M. O. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT
(Other in
verse side)

REPLICATE
tions on re-

Form approved.
Budget Bureau No. 42-E1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 057674 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Daughterity

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Daughterity

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 3, T-17-S, R-27-E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. 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

NE/4 SW/4 Section 3

2310/A + W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

Unknown

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

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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.)*

Plans are to plug and abandon well as follows:

Set 20 sx. cmt. plug 1975-2075'
Set 20 sx. cmt. plug 1275-1475'
Set 20 sx. cmt. plug. 975-1075'
Set 10 sx. cmt. plug in surface and install dry hole marker.
Mud laden fluid to be spotted between all plugs. 1058'
of 6-5/8" casing to be left in hole.

RECEIVED

OCT 22 1964

O. C. C.

ARTESIA, OFFICE

18. I hereby certify that the foregoing is true and correct

SIGNED

R. O. Bowers
R. O. Bowers

TITLE Dist. Ofc. Supervisor

DATE 10-19-64

(This space for Federal or State office use)

TITLE

DATE

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

OCT 21 1964

RONNIE E. SHOOK
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

