

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT (Other In-verse side)
REPLICATE (Other In-verse side)

Form approved.
Budget/Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM-0107697

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
1860 Lincoln St., Suite 1200, Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1650' FSL and 1650' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3547' GL

RECEIVED

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jones Federal

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
Lusk Strawn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23, T19S, R31E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mex.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>	Shut in	<input checked="" type="checkbox"/>

(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.)*

STATUS OF WELL: S.I.

APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED:

REASON FOR TEMP. ABAND.: Low production

FUTURE PLANS FOR WELL: To be included in proposed Lusk StrawnDeep Unit

APPROXIMATE DATE OF FUTURE W. O. OR PLUGGING:

RECEIVED

OCT 18 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED A. A. May TITLE Div. Production Manager DATE 10-8-76

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST BE PUT TO GENERAL USE OR PLUGGED BY APRIL OCTOBER 1 - 1977
See Instructions on Reverse Side

APPROVED BY
OCT 1976
J. L. BEEKING
ACTING DISTRICT SUPERVISOR