

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0107697

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Copy to 5.7

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jones Federal Unit

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

Sec. 24, T-19-S, R-31-E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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

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

1980' FNL & 1780' FEL of Section 24

14. PERMIT NO.

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

3540' GL Estimated

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

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.)*

Spudded 17 1/2" hole 9:00 A.M. MST 10-17-64. Set and cmtd 13 3/8" OD, 48# csg at 625' with 650 sx 50-50 Pozmix Incor cmt with 2% CaCl₂. Cmt circulated. Pressure tested csg to 1000 PSI for 30 mins after WOC 18 hrs. Held OK.

RECEIVED

OCT 28 1964

O. C. C.

ARTESIA, OFFICE

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

SIGNED

R.O. Bowery

TITLE District Office Supervisor DATE 10-23-64

(This space for Federal or State office use)

APPROVED BY
CONDITION OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

