

UNITED STATES ^{U.S.A.} DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.

NM 0107697

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jones Federal "E"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated Leask
Strawn

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

Sec. 23, T-19-S, R-31-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

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

1930' FNL & 660' FEL of Section 23

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GK, 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 1:30 P.M. MST 11-14-64. Set & cmtd 13 3/8" OD, 48# csg @ 653' with 650 sx 50-50 Pozmix Incor 2% CaCl₂. Cmt circulated. Pressure tested csg to 1000 PSI for 30 minutes after WOC 12 hrs. Held OK. Formation temp 66°. Mixing temp 74°. Estimated compressive strength after WOC 12 hrs is 960 PSI.

RECEIVED

DEC 16 1964

ARTESIA OFFICE

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

SIGNED J.F. Carnes J.F. Carnes

TITLE Dist. Prod. Foreman

DATE 12-11-64

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DEC 15 1964
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side