

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <u>NM 0107697</u>
2. NAME OF OPERATOR <u>Tenneco Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>Box 1031, Midland, Texas</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1930' FNL & 660' FEL of Section 23</u>		8. FARM OR LEASE NAME <u>Jones Federal "E"</u>
14. PERMIT NO.		9. WELL NO. <u>1</u>
15. ELEVATIONS (Show whether DF, RT, GL, etc.) <u>3540 GL (Estimated)</u>		10. FIELD AND POOL, OR WILDCAT <u>Undesignated Lusk</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 23, T-19-S, R-31-E</u>
		12. COUNTY OR PARISH <u>Eddy</u>
		13. STATE <u>New Mexico</u>

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)*

Spudded 17 1/2" hole 1:30 P.M. MST 11-14-64. Set & cmt'd 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

ARTESIAN OFFICE

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

SIGNED J.F. CarnesTITLE Dist. Prod. ForemanDATE 12-11-64

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

DEC 15 1964
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side