

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

SUBMIT IN DUPLICATE\*  
(Other instructions on reverse side)

*Copy to 37*  
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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry</u></p> <p>2. NAME OF OPERATOR <u>Tenneco Oil Company</u></p> <p>3. ADDRESS OF OPERATOR <u>Box 1031, Midland, Texas</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u>  <u>1980' FNL and 660' FEL of Section 22</u></p> <p>14. PERMIT NO. _____</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>LC 063696</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____</p> <p>7. UNIT AGREEMENT NAME _____</p> <p>8. FARM OR LEASE NAME <u>Barton "B" Federal</u></p> <p>9. WELL NO. <u>1</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Undesignated</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 22, T-19-S, R-31-E</u></p> <p>12. COUNTY OR PARISH <u>Eddy</u></p> <p>13. STATE <u>New Mexico</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3534 GL</u></p>	

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"/>	PCILL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input 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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

\* (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.)\*

Set 265' Cement plug 11100-11385 across Strawn Reef  
 Set 100' Cement plug 10525-10625 top of Cisco Shale  
 Set 100' Cement plug 8900-9000 top of second Bone Springs  
 Set 100' Cement plug 6875-6975 top of Bone Springs lime  
 Set 100' Cement plug 4350-4450 top of Delaware Sand  
 Set 100' Cement plug 3940-4040 bottom of 8 5/8" casing  
 Set 100' Cement plug 990-1090 top of 8 5/8" casing  
 Set 100' Cement plug 620-720 bottom of 13 3/8" casing  
 Set 20' cement plug surface - 20' and install dry hole marker  
 2976' 8 5/8" casing and 670' 13 3/8" casing was left in hole

**RECEIVED**  
SEP 13 1965  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

**RECEIVED**

OCT 13 1965

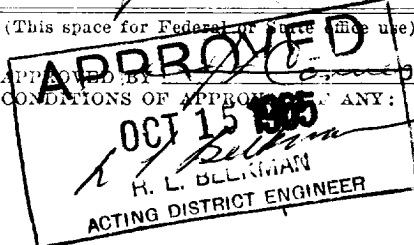
O. C. C.  
ARTESIA, OFFICE

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

SIGNED J. F. Carnes J. F. Carnes TITLE District Prod. Foreman DATE 8-9-65

(This space for Federal or State (file use))

APPROVED BY H. L. Bellman TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL ANY:



\*See Instructions on Reverse Side