

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE INDICATED
(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

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"/> | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Tenneco Oil Company ✓ | 8. FARM OR LEASE NAME Jones "B" Federal |
| 3. ADDRESS OF OPERATOR Box 1031, Midland, Texas | 9. WELL NO. 4 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 990' FWL | 10. FIELD AND POOL, OR WILDCAT Lusk Strawn |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-19-S, R-31-E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3540 GL Estimated | 12. COUNTY OR PARISH Eddy |
| | 13. STATE New Mexico |

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 at 3:00 PM CST 8-21-65. Set and cemented 13 3/8" OD, 48#, H-40 casing @ 690' w/600 sx Incor Poz 2% gel and 2% Ca Cl₂ tailed w/100 sx 2% Ca Cl₂. Cement circulated. Pressure tested casing 30 min. @ 1000 psi after WOC 13 1/2 hours. Mixing temperature 70°. Formation temperature 68°. Estimated compressive strength after WOC 13 1/2 hours is 1500 psi.

RECEIVED

SEP 3 1965

U. S. G.
ARTESIA, OFFICE

RECEIVED
SEP 2 1965
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED J.F. Carnes J.F. Carnes TITLE Dist. Prod. Foreman

DATE 8-31-65

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL

TITLE

DATE

SEP 2 1965
RUDOLPH C. BAILEY, JR.
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side