

N. W. D. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jones "B" Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Undesignated *Lusk*

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

Sec. 26, T-19-S, R-31-E

12. COUNTY OR PARISH

Eddy

13. STATE

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> dry	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 of Section 26.	10. FIELD AND POOL, OR WILDCAT Undesignated <i>Lusk</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3518 GL
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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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 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.)*

Plans are to plug well as follows:

100' plug 11,300 - 11,400 (across Reef porosity)
100' plug 10,350 - 10,450 (across T/Wolfcamp lime)
100' plug 8,920 - 9,020 (across T/2nd B.S.sand)
100' plug 6,950 - 7,050 (across T/B.S. lime)
100' plug 4,450 - 4,550 (across T/Delaware Sand)
100' plug 3,160 - 3,260 (across base 8 5/8" casing)
100' plug 900 - 1,000 (across T/salt)
30' plug surface - 30' and install dry hole marker.

Approximately 1313' of 8 5/8 and all 13 3/8" to be left in hole.

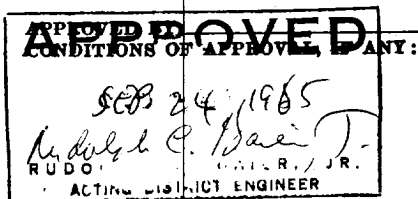
Verbal approval of above program by Jim Knauf to Frank Collins 9-20-65.

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

SIGNED *A.R. Gibson* A.R. Gibson TITLE District Drilling Foreman

DATE 9-20-65

(This space for Federal or State office use)



TITLE

DATE

*See Instructions on Reverse Side