N 1. OF COPIES RECEIVED				Form C-103
DISTRIBUTION				Supersedes Old
SANTA FE	11	1_1	NEW MEXICO OIL CONSERNATION OPHINA	C-102 and C-103 Effective 1-1-65
FILE	!	V		
U.S.G.S.	<u> </u>	11	· • • • • • • • • • • • • • • • • • • •	Sa. Indicate Type of Lease
LAND OFFICE	<u> </u>	$\perp$	<b>QCT</b> 25 1979	State X Fee
OPERATOR	1	Ш		5, State O:1 & Gas Lease No.
<del></del>	_	· · ·		B-9739
SUNDRY NOTICES AND REPORTS ON WELASTESIA, OFFICE  (DO NOT USE THIS FORM FOR PROPOSALS TO CRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT " (FORM C-101) FOR SUCH PROPOSALS.)				
OIL GAS WELL WELL	7. Unit Agreement Name			
Name of Operator				N/A
TENNECO OIL COMPANY				8. Form or Lease Name
3. Address of Operator				STATE HL 11
6800 Park Ten Bl	1			
				10. Field and Pool, or Wildcat
UNIT LETTER N . 660 FEET FROM THE SOUTH LINE AND 1980 FEET FROM				Turkey Tract (Morrow)
THE WEST	THE WEST LINE, SECTION 11 TOWNSHIP 198 RANGE 29E NMPM.			
	///		15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	777	7777.	3377 <b>'</b> GR	EDDY ()
٠٠.	Cho	eck A	Appropriate Box To Indicate Nature of Notice, Report or Oth	TO Date
NOTIC	CEC	)F IN		REPORT OF:
PERFORM REMEDIAL WORK	1		PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON	า์		— — — — — — — — — — — — — — — — — — —	ALTERING CASING
PULL OR ALTER CASING	j		COMMENCE DRILLING OPNS.  CHANGE PLANS  CASING TEST AND CEMENT JQB X	PLUG AND ABANDONMENT
	-		OTHER_	
OTHER				
17.5				
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.				
8/11/79 - Set 13 3/8" New 54.5# (6Jts) K 55 ST&C @ 235' - Cemented				
Bottom W/400 SxS "C" + 2% CACL <sub>2</sub> + 1/4# Sx Celloflake				
Displaced within 30' of shoe. Cut window in 20"				
Conductor (40' Conductor Pipe Set) and topped out with 27 cubic yds.				
of Red	dim	ix C	ement. Hole filled and stayed full. WOC 18Hrs	Tookal (00 pg-
			January Stay Carrain, Wood, Tonis	- Tested 600 PSI.
				.•
			•	
1. I hereby certify that the in	(uem	ution e	about in	
in. I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
+(K/r	50	OS	Chaff De l	
TICHED 1. 71.			Staff Production Analyst	DATE10-23-79
		1.		
SUPERVISOR DISTRICT II OATE NOV 1 1979				