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OPERATOR	1	

MEXICO OIL CONSERVATION RECEIVED

Form C-102
Supersedes Old
C-102 and C-103
Effective 1-1-85

APR 14 1980

O. C. D.

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-7717-7
7. Unit Agreement Name NA
8. Farm or Lease Name State HL-1
9. Well No. 1
10. Field and Pool or Wildcat under North A Turkey Track Morrow
12. County Eddy

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☒ OTHER ☐

Name of Operator
TENNECO OIL COMPANY

Address of Operator
6800 Park Ten Blvd., Suite 200 N., San Antonio, TX. 78213

Location of Well
UNIT LETTER XN 1980 FEET FROM THE South LINE AND 660 FEET FROM
THE West LINE, SECTION 1 TOWNSHIP 19S RANGE 29E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Drilling was commenced @ 8:00 p.m. 2-15-80

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

CHIEF Maunell TITLE Production Analyst DATE 4/11/80

APPROVED BY W.A. Gressett TITLE SUPERVISOR DISTRICT DATE APR 22 1980

CONDITIONS OF APPROVAL, IF ANY: