

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO

Form C-103
Revised 10-1-78

DEC 9 1981

O. C. D.

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. B-9739-15

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT OFFICE.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER-

2. Name of Operator
Tenneco Oil Company ✓

3. Address of Operator
6800 Park Ten Blvd; San Antonio, Texas 78213

4. Location of Well
UNIT LETTER F 1870 FEET FROM THE West LINE AND 2090 FEET FROM
THE North LINE, SECTION 2 TOWNSHIP 19S RANGE 29E NMPM.

7. Unit Agreement Name
8. Farm or Lease Name State HL-2
9. Well No. 1Y
10. Field and Pool, or Wildcat Und. Turkey Track Morrow
12. County Eddy

15. Elevation (Show whether DF, RT, GR, etc.)
3392.4 GL

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	

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 1503.

12/1/81 Ran 275 jts 5 1/2" ^{17#} N-80, 8rd csg @ 11,589'. Cmtd w/1150 sx Class H.w/1.25% CF-9 + 2% KCL. Top of cmt. 7800'. Pumped plug down w/269 bbls. wtr @ 7:30 A.M.
ND Stack, PU Stack Set 35000# overstring wt on WKM. Slips, cut off csg., ND & set out stack, NU csg.hd. & test 5000 psi. Rig rel 5:00 P. M. 12/1/81. Waiting on Completion.

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

SIGNED Quita Gray TITLE Production Analyst DATE 12/4/81

APPROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR DATE DEC 10 1981

CONDITIONS OF APPROVAL, IF ANY: