

RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

JAN 26 1981

FEB 03 1981

5. LEASE NM-0107697

6. INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jones Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Lusk Strawn

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 23, T19S, R31E

12. COUNTY OR PARISH 13. STATE
Eddy N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3547' G.L.

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Tenneco Oil Exploration & Production Co. ✓

3. ADDRESS OF OPERATOR San Antonio, TX. 78213
6800 Park Ten Blvd., Suite 200 N.,

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FSL & 1650' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
|--------------------------|--------------------------|-----------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | <input type="checkbox"/> |
| (other) | | | |

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

The Strawn perms 11174-82, 86-94, 212-19, 11232-36 were acidized with 3000 gals. MOD 202. Load water was recovered and by swab test the well made 31 BOPD & 180 BWPD. The well will be put on rod pump and returned to producing status.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Mary Hall TITLE Production Analyst DATE 1/20/81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

[Signature]

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U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO