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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease: State ☐ Fee ☒

5. State Oil & Gas Lease No.

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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER- Dr Salt Water Disposal

7. Unit Agreement Name

2. Name of Operator: Tenneco Oil Company

8. Farm or Lease Name: Mounsey

3. Address of Operator: P.O. Box 1031 Midland, Texas

9. Well No. 2

4. Location of Well: UNIT LETTER J, 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 14 TOWNSHIP 9S RANGE 34E NMPM.

10. Field and Pool, or Wildcat: Vada Penn Pool

15. Elevation *(Show whether DF, RT, GR, etc.)* 4226 DF

12. County: Lea

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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER Convert To SWD* ☒	
OTHER ☐			

*See C-103 dated 11-6-68

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.

1. Cleaned out to 9930' TD
2. Set cement plug 8725-8600' (50 sx) and 8018-7520 (150 sx) - Test plugs with 15,000# weight after 4 hrs.
3. Set model "D" packer at 3997 and ran 2 7/8" tubing
4. Acidized with 3000 gal 15% HCL and frocced with 50,000 gal gelled water and 58,000# sand.
5. Ran injection test - well unsatisfactory as disposal well.

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

SIGNED L. M. Williams TITLE Production Engr DATE 4-10-69

APPROVED BY [signature] TITLE SUPERVISOR DISTRICT 1 DATE APR 14 1969

CONDITIONS OF APPROVAL, IF ANY: