Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. OIL WELL [X] GAS WELL [ ] OTHER

5. LEASE DESIGNATION AND SERIAL NO.: NM 047207

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Tenneco Oil Company

8. FARM OR LEASE NAME: Bate Federal Com

3. ADDRESS OF OPERATOR: Box 1031 Midland, Texas 79701

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FSL & 660' FEL Unit I, Sec 11, T-9-S, R-34-E

10. FIELD AND POOL, OR WILDCAT: Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 11-9S-34E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4219.8 GR

12. COUNTY OR PARISH: Lea

13. STATE: N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) RUN CASING			[X]
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

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.) *

1-31-69 Ran 131 Jts 8 5/8" 32# J-55 casing set at 4035'. Cemented with 1000 sx 50-50 Incor Pozmix with 6% gel and 7# salt/sx and 150 sx Incor with 2% $CaCl_2$.
Cement Circulated
PD 11:45 AM WOC 24 Hrs
Test casing to 1000# for 30 minutes - Held O.K.

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

SIGNED Donald K. Kanaly TITLE Sr Prod Clerk DATE 2-13-69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
FEB 1[illegible]
J. A. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side