		
NO. OF COPIES RECEIVED	·	Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee X
OPERATOR		5. State Oil & Gas Lease No.
,		
	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.I	
1. OIL GAS WELL	OTHER-	7. Unit Agreemont Name
2. Name of Operator	1	8. Farm or Lease Name
TENNECO (Dil Company Midland 79701	Barton-Santa Fe
3. Address of Operator		9. Well No.
Box 1031 /	Midland 79701	/
4. Location of Well	- 1	10. Field and Pool, or Wildcat
L L	1980 FEET FROM THE SOUTH LINE AND 6060 FEET FROM	Vada (Penn)
UNIT LETTER	FEET FROM THE SOUTH LINE AND COME FEET FROM	THEFTHERE
THE WEST LINE, SEC	TION 10 TOWNSHIP 95 RANGE 36 E NMPM	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4064 GR	Lea
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 K REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	<u></u>
	OTHER	
OTHER		•
15 D		and date of station and proposed
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.		
To continue PAA operations reported on C-103 dated approval 8-31-70		
·		
12-1 <u>-70</u>		
51"		
1. Cut and recover 8% casing from 1000 ±.		
2. Set & 25 sx plug across 85/8" casing stub. 3. Set & 25 sx plug across 133/8" shoe @ 356' 4. Set & 25 sx plug at surface. 5. Errect Dry Hole marker. 6. Clean location.		
2. 361 2 23 3x plug aiross 5 2 cestri y 5 at 1		
3. Set & 25 SX plug across 13/12" Shoe @ 356"		
1/ C+	ar a lat custos	
4. Sel 3	25 Sx plug di sunde.	
5 Errect	- Dry Hole Marker.	
1 01	1 +:	
6. Clean	10C8/10M.	
		•
•		·
18. I hereby certify that the informat	ion above is true and complete to the best of my knowledge and belief.	
(/)		
In 1.	Illiams TITLE Good Engs	11-92-70
SIGNED X	Willia TITLE York Engl	DATE // AU -/ O
1 0 Va	And the second s	DATE
APPROVED BY	TITLE SOUTH CONTRACT !	DATE
CONDITIONS OF APPROVAL, IF A	NY:	
//		

MEDICAL CONTRACTOR IN