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NEW MEXICO OIL CONSERVATION COMMISSION

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

OCT 16 8 51 AM '65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>

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 <input type="checkbox"/> GAS <input type="checkbox"/> OTHER- <u>Dry</u>		7. Unit Agreement Name
2. Name of Operator <u>Tenneco Oil Company</u>		8. Farm or Lease Name <u>Emmitt D. White</u>
3. Address of Operator <u>Box 1031, Midland, Texas</u>		9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>J</u> <u>2310</u> FEET FROM THE <u>south</u> LINE AND <u>2310</u> FEET FROM THE <u>east</u> LINE, SECTION <u>3</u> TOWNSHIP <u>15-S</u> RANGE <u>31-E</u> NMPM.		10. Field and Pool, or Wildcat <u>Undesignated</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4426 D.F.</u>		12. County <u>Chaves</u>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☒

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 1703.

Well plugged as follows:

25 sx cmt at 3120 to 3220 T.D.
25 sx cmt at 1050 to 1150 (across 4 1/2" casing cut off)
25 sx cmt at 314 to 414 (across base of 8 5/8" casing)
10 sx in top of 8 5/8" casing.
Installed dry hole marker. Well P&A 9-25-65.

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

SIGNED A.R. Gibson A.R. Gibson, District Drilling Foreman DATE 10-8-65

APPROVED BY John W. Runyan TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: