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NEW MEXICO OIL CONSERVATION COMMISSION

Nov 3 11 44 AM '65

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Tenneco Oil Company	8. Firm or Lease Name Montieth-Hannah
3. Address of Operator Box 1031, Midland, Texas	9. Well No. 1
4. Location of Well UNIT LETTER 0 660 FEET FROM THE south LINE AND 1980 FEET FROM THE east LINE, SECTION 7 TOWNSHIP 14-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 3965 GL (Estimated)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Spudded 15" hole 4:30 p.m. 10-13-65. Set and cemented 11 3/4" 42# H-40 casing @ 415' w/260 sx 50-50 Pozmix & Class C + 2% gel & 2% Ca Cl 2 plus 100 sack class C w/2% Ca Cl 2 cement. Circulated. Pressure tested casing 30 min. at 1000 psi after WOC 10 hours. Mixing temperature 70°. Formation temperature 66°. Estimated compressive strength after WOC 10 hours is 1200 psi.

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 TITLE Dist. Drlg. Foreman DATE 11-2-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: