

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HUBBS OFFICE O.C.C.

SUBMIT IN TRIPL
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 0228436-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill into deeper or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR TENNECO OIL COMPANY	8. FARM OR LEASE NAME ANDERSON FEDERAL
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	10. FIELD AND POOL, OR WILDCAT NORTH MORTON WILDCAMP
14. PERMIT NO. 1980' ENL & 1980' FEL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35 SEC 31 T-14S R-33E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4061 DF	12. COUNTY OR PARISH LEA
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) 5 1/2" CASING	
(Other) <input type="checkbox"/>		(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.)*

5-2-68 RAN 321 jts 5 1/2" 17# J-55 CASING SET AT 10595' KB
CEMENTED WITH 375SX DIAMIX 4% GEL; 100SX CLASS
"C" CEMENT P.D. 5:45 PM 5-1-68. WOC 24 HRS
TOP OF CEMENT 8180 BY TEMP SURVEY. TESTED Csg 2000#
30 MIN - HELD OK
PREPARE TO COMPLETE

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

SIGNED Monica K. Karaman

TITLE SR. PROD. CLERK

DATE 5-8-68

(This space for Federal or State office use)

APPROVED

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

MAY 9 1968

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER