

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISIC
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-79

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER- 2. Name of Operator Tenneco Oil Company 3. Address of Operator 7990 IH 10 West; San Antonio, Texas 78230 4. Location of Well UNIT LETTER I 1980 FEET FROM THE East LINE AND 660 FEET FROM THE South LINE, SECTION 24 TOWNSHIP 16S RANGE 33E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.)	7. Unit Agreement Name Kemnitz Wolfcamp Unit 8. Farm or Lease Name 9. Well No. 5 10. Field and Pool, or Wildcat Kemnitz Lower Wolfcamp 12. County Lea
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16. 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER Put well on production <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
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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.

1. MIRU
2. POOH w/tbg
3. TIH w/bit and scraper
4. Chemically treat well
5. RIH w/tbg
6. RIH w/rods and pump
7. Hang well on pump
8. Put well on production

Verbal approval Jerry Sexton 10/11/83

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

SIGNED [Signature] TITLE Division Production Manager DATE 10/13/83
OCT 20 1983
APPROVED BY [Signature] ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
OCT 19 1983
O.C.D.
HOBBS OFFICE