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# NEW MEXICO OIL CONSERVATION COMMISSION

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

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <u>Tenneco Oil Company</u>	8. Farm or Lease Name <u>Kennitz Wolfcamp Unit</u>
3. Address of Operator <u>Box 1031 Midland, Texas 79701</u>	9. Well No. <u>29</u>
4. Location of Well UNIT LETTER <u>I</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>26</u> TOWNSHIP <u>16-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Kennitz Wolfcamp</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4171 GR</u>	12. County <u>Lee</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

9-21-70

1. Clean out hole to 11,040'±.
2. Perforate 10,880'-94' & Acidize w/ 5000 gal 28% HCl.
3. Swab test perfs 10880-94 & re-acidize if necessary
4. Put well on gas lift

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

SIGNED L. M. Williams TITLE Prod. Engr DATE 9-10-70  
APPROVED BY [Signature] TITLE SUPERVISOR DATE SEP 11 1970  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 11 1970

OFFICE OF THE ATTORNEY GENERAL  
STATE OF NEW YORK