013	TRIBUTION	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PROBATION OFFIC	E	
OPERATOR		

~~~

## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103 (Rev 3-55)

## **MISCELLANEOUS REPORTS ON WELLS**

(Submit to appropriate District Office as per Commission Rule 1106)

| Name of Company                                                                                 |                      |              | Addres                                                                                                 | s                                      |                                |                     |       |                                       |  |  |
|-------------------------------------------------------------------------------------------------|----------------------|--------------|--------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------|---------------------|-------|---------------------------------------|--|--|
| Tenneco Oil Company P. O. Box 1031, Midland, Texas                                              |                      |              |                                                                                                        |                                        |                                |                     |       |                                       |  |  |
| Lease                                                                                           |                      | Well No.     | Unit Letter                                                                                            |                                        | Township                       | 16 <b>-</b> S       | Range | 33 <b>-</b> €                         |  |  |
| Kemnitz Wolfcamp                                                                                |                      | 29           | I                                                                                                      | 26                                     | <br>C                          | T0+2                | L     | ))* <b>B</b>                          |  |  |
| Date Work Performed                                                                             | Pool Kenn            | itz Wolfe    | amp                                                                                                    |                                        | County                         | Lea                 |       |                                       |  |  |
| THIS IS A REPORT OF: (Check appropriate block)                                                  |                      |              |                                                                                                        |                                        |                                |                     |       |                                       |  |  |
| Beginning Drilling Operations Casing Test and Cement Job X Other (Explain): Requested Report as |                      |              |                                                                                                        |                                        |                                |                     |       |                                       |  |  |
| Plugging Remedial Work per letter from Joe D. Ramey 12-26-63.                                   |                      |              |                                                                                                        |                                        |                                |                     |       |                                       |  |  |
| Detailed account of work done, r                                                                | ature and quantity   | of materials | used, and res                                                                                          | ults obtai                             | ined.                          |                     |       |                                       |  |  |
| The well is current                                                                             | ly shut in.          | The allo     | wable is                                                                                               | being                                  | transfer                       | red to oth          | her w | ells as                               |  |  |
| per Rule 4 and 5 of<br>status of the well                                                       |                      |              |                                                                                                        |                                        |                                |                     |       | e the SI                              |  |  |
|                                                                                                 |                      |              |                                                                                                        |                                        |                                |                     |       |                                       |  |  |
| Witnessed by                                                                                    |                      | Position     |                                                                                                        | ]                                      | Company                        |                     |       | <u></u>                               |  |  |
|                                                                                                 |                      |              |                                                                                                        |                                        |                                |                     |       |                                       |  |  |
|                                                                                                 | FILL IN BE           |              | REMEDIALW                                                                                              |                                        | EPORTS ON                      | ILY                 |       |                                       |  |  |
| ORIGINAL WELL DATA   D F Elev. T D PBTD Producing Interval Completion Date                      |                      |              |                                                                                                        |                                        |                                |                     |       |                                       |  |  |
| D F Elev. T D                                                                                   |                      | PBTI         |                                                                                                        |                                        | Fioducing                      | THICI 481           |       | INTERIOR DALE                         |  |  |
| Tubing Diameter                                                                                 | Tubing Depth         | <b>-</b>     | Oil Stri                                                                                               | Dil String Diameter Oil String Depth   |                                | 1                   |       |                                       |  |  |
| Perforated Interval(s)                                                                          |                      | <u></u>      | <u> </u>                                                                                               |                                        | <u></u>                        | I                   |       | · · · · · · · · · · · · · · · · · · · |  |  |
| Open Hole Interval                                                                              |                      |              | Produci                                                                                                | Producing Formation(s)                 |                                |                     |       |                                       |  |  |
| RESULTS OF WORKOVER                                                                             |                      |              |                                                                                                        |                                        |                                |                     |       |                                       |  |  |
| Test Date of Test                                                                               | Oil Productic<br>BPD | on Gas       | Production<br>CFPD                                                                                     | Water F                                | Production<br>PD               | GOR<br>Cubic feet/I | ВЫ    | Gas Well Potential<br>MCFPD           |  |  |
| Before<br>Workover                                                                              |                      |              |                                                                                                        |                                        |                                |                     |       |                                       |  |  |
| After<br>Workover                                                                               |                      |              |                                                                                                        |                                        | _                              |                     |       |                                       |  |  |
|                                                                                                 |                      |              | I hereby certify that the information given above is true and complete<br>to the best of my knowledge. |                                        |                                |                     |       |                                       |  |  |
| Approved by                                                                                     |                      |              | Name                                                                                                   | Name Official R. O. Bowery             |                                |                     |       |                                       |  |  |
| Title                                                                                           |                      |              |                                                                                                        | Position<br>District Office Supervisor |                                |                     |       |                                       |  |  |
| Date Co                                                                                         |                      |              |                                                                                                        |                                        | Company<br>Tenneco 011 Company |                     |       |                                       |  |  |

. . . ł