

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
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 <b>TENNECO CORPORATION BY ITS MANAGING AGENT TENNECO OIL COMPANY</b>		Address <b>Box 307, Hobbs, New Mexico</b>	
Lease <b>Kennitz Wolfcamp Unit</b>	Well No. <b>10</b>	Unit Letter <b>0</b>	Section <b>20</b>
		Township <b>16-B</b>	Range <b>34-E</b>
Date Work Performed	Pool <b>Kennitz Wolfcamp</b>	County <b>Lea</b>	

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☐ Casing Test and Cement Job
 ☒ Other (Explain): **Converted to gas injection**
- ☐ Plugging
 ☐ Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

**Converted to gas injection 11-1-61.**

Witnessed by <b>A. W. Lang</b>	Position <b>Dist. Prod. Supt.</b>	Company <b>Tenneco Oil Company</b>
--------------------------------	-----------------------------------	------------------------------------

### FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

#### ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

#### RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION

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

Approved by	Name <b>A. W. Lang</b>
Title	Position <b>District Production Superintendent</b>
Date	Company <b>Tenneco Oil Company</b>