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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes O-2
C-102 and C-103
Effective 1-1-65

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 1-1 (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name <u>Kennitz Wolfcamp Unit</u>
2. Name of Operator <u>Tenneco Oil Company</u>	8. Farm or Lease Name
3. Address of Operator <u>1200 Lincoln Tower Bldg., Denver, Colorado 80203</u>	9. Well No. <u>15</u>
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>29</u> TOWNSHIP <u>16S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat <u>Kennitz Wolfcamp</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4134</u>	12. County <u>Lea</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

Shut In

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.

STATUS OF WELL: Shut-In

APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED: April, 1973

REASON FOR TEMP. ABAND.: UPPER structural producing well gased out as the gas/oil contact moved down structure

FUTURE PLANS FOR WELL:
This well will be used during blowdown of the secondary gas injected

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING:
1-2 YEARS

Expires 12/1/75

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

SIGNED L.D. Myers TITLE Res. Prod. Mgr. DATE 12-5-74

APPROVED BY _____ TITLE _____ DATE 12/4
CONDITIONS OF APPROVAL, IF ANY: