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NEW MEXICO OIL CONSERVATION COMMISSION

OCT 31 12 50 PM '68

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

| |
|--|
| 5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. E-8160 |

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 TENNECO OIL COMPANY | 8. Farm or Lease Name MESA QUEEN UNIT |
| 3. Address of Operator Box 1031 MIDLAND, TEXAS | 9. Well No. 4 |
| 4. Location of Well UNIT LETTER G 2310 FEET FROM THE NORTH LINE AND 1650 FEET FROM THE EAST LINE, SECTION 17 TOWNSHIP 16S RANGE 32E NMPM. | 10. Field and Pool, or Wildcat MESA QUEEN |
| 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County LEA |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

| | |
|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | |
|---|---|
| REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <input checked="" type="checkbox"/> CONVERT TO WATER INJECTION WELL |

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.

10-23-68

PULLED TUBING AND CHECKED TD
RERAN TUBING WITH PACKER SET AT 3360'

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

| | | |
|---------------------------------|----------------------------|----------------------|
| SIGNED <u>Norman R. Lamm</u> | TITLE <u>Sr Prod Clerk</u> | DATE <u>10-30-68</u> |
| APPROVED BY <u>[Signature]</u> | TITLE _____ | DATE _____ |
| CONDITIONS OF APPROVAL, IF ANY: | | |