

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

JIL CONSERVATION DIVISIC.

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-1126	

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Tenneco Oil Company	8. Farm or Lease Name State LG 25
3. Address of Operator 7990 IH 10 West, San Antonio, Texas 78230	9. Well No. 1
4. Location of Well UNIT LETTER <u>H</u> <u>1855</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>25</u> TOWNSHIP <u>16S</u> RANGE <u>33E</u> NMPM.	10. Field and Pool, or Wildcat So. Kemnitz Atoka Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 4144.8' GL	12. County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <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 1503.

1. RU Western.
2. Install tree saver.
3. Pressure annulus to 1000 psi.
4. Acidize well with 3000 gals 7½% HCl acid with 1000 SCF N₂/bbl.
5. Flush w/N₂
6. Flow well back and test
7. Return well to production.

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

SIGNED Robert A. Matten TITLE Prod. Eng. Suprv. DATE November 14, 1983

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____

TITLE _____

NOV 22 1983

CONDITIONS OF APPROVAL, IF ANY: