

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL 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" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Box 1031, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL & 1980' FEL of Sec. 6

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3640 DF (Estimated)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USA-Continental

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., E., OR BLK. AND SURVEY OR AREA

Sec. 6, T-19-S, R-32-E

12. COUNTY OR PARISH 13. STATE

Lea New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Set and cmtd 8 5/8" OD, 32# csg at 3802' with 250 sx Class "C" 50-50 Incon cmt with 6% gel and 2% CaCl₂ followed by 100 sx Class "C" cmt with 2% gel and 2% CaCl₂. Pressure tested csg to 1000 PSI for 30 mins after WOC 21 hrs. Held OK. Top of cmt at 2675' (temp survey).

18. I hereby certify that the foregoing is true and correct

SIGNED

R. O. Bowery

TITLE District Office Supervisor

DATE

6-9-64

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

JUN 12 1964

*See Instructions on Reverse Side
J. L. GORDON
ACTING DISTRICT ENGINEER