Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: LC 071857-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: USA-Continental "B" Unit

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec.6, T-19-S, R-32-E

12. COUNTY OR PARISH: Lea

13. STATE: New Mexico

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 [X] 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: 1980' FNL & 1980' FWL of Section 6

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3655 GL Estimated

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[X]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(Other)				(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 3206' with 200 sx 50-50 Pozmix Incor cmt with 6% gel followed by 100 sx Incor cmt with 2% $CaCl_2$. Top of cmt at 2250' by temp survey. Pressure tested csg to 1000 PSI for 30 mins after WOC 16 hrs. Held OK. Formation temp 90°. Estimated compressive strength after WOC 16 hrs is 1650 PSI.

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

SIGNED R.O. Bowery TITLE Dist. Office Supervisor DATE 9-30-64

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
OCT 2 1964
L. L. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side