

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM - 0750

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USA-Trigg "C" Unit

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

Sec. 8, T-19-S, R-32-E

12. COUNTY OR PARISH

Lea

New Mexico

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

1980' FNL &amp; 660' FWL of Section

14. PERMIT NO.

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

3640 DF (Estimated)

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☒  
☐  
☐  
☐

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(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.)\*

Spudded 17 1/2" hole at 3:15 P.M. MST, 8-20-64. Set and cmtd 13 3/8" OD, 48#

csg at 650' with 650 sx 50-50 pozmix Incor cmt with 2% CaCl<sub>2</sub>. Cmt circulated.

Pressure tested csg to 1000 PSI for 30 mins after WOC 14 hrs. Held OK.

Formation temp 67°. Estimated compressive strength after WOC 12 hrs is 1420 PSI.

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

SIGNED

*R.O. Bowers*  
R.O. Bowers

TITLE District Office Supervisor DATE 8-28-64

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side