Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC
(Other instructions ou
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0136272

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

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 & 660' FEL of Section 31

8. FARM OR LEASE NAME

USA Moleen Unit

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

Sec. 31, T-18-S, R-32-E

14. PERMIT NO.

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

3674 GL (Estimated)

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 ☐	PULL OR ALTER CASING ☐		
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.) *

Set & cmtd 8 5/8" OD, 32#, J-55 csg @ 3207' w/200 sx 50-50 lt Poz, 6% gel,

+ 100 sx Class "C", 2% $CaCl_2$. Press tested csg to 1000 psi for 30 min after

WOC 8 1/2 hrs. Held OK. Top of cmt 2200' by temp survey. Mixing temp 67°.

Formation temp 92°. Estimated compressive strength after WOC 8 1/2 hrs is 1000

psi.

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

SIGNED _R. O. Bowery_   TITLE _Dist. Office Supervisor_   DATE _3-25-65_

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAR 29 1965

J. L. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side