

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRI  
(Other instructio  
verse side)DATE  
n reForm approved.  
Budget Bureau No. 42-R1424.

## 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 0555297                       |
| 2. NAME OF OPERATOR<br>Tenneco Oil Company   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                    |
| 3. ADDRESS OF OPERATOR<br>1200 Lincoln Tower Building, Denver, Colorado 80203  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>2300' FNL and 2300' FWL | 8. FARM OR LEASE NAME<br>Cedar Lake                                     |
| 14. PERMIT NO.   | 9. WELL NO.<br>1  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3774   | 10. FIELD AND POOL, OR WILDCAT<br>Undesignated                          |
|  | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA<br>Sec. 23, T18S, R32E |
|  | 12. COUNTY OR PARISH<br>Lea   |
|  | 13. STATE<br>New Mexico   |

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

| NOTICE OF INTENTION TO: |                          | SUBSEQUENT REPORT OF: |                                     |
|-------------------------|--------------------------|-----------------------|-------------------------------------|
| TEST WATER SHUT-OFF     | <input type="checkbox"/> | WATER SHUT-OFF        | <input checked="" type="checkbox"/> |
| FRACTURE TREAT          | <input type="checkbox"/> | FRACTURE TREATMENT    | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input checked="" type="checkbox"/> |
| REPAIR WELL             | <input type="checkbox"/> | (Other)               | <input type="checkbox"/>            |
| (Other)                 | <input type="checkbox"/> |                       |                                     |
| PULL OR ALTER CASING    | <input type="checkbox"/> | REPAIRING WELL        | <input type="checkbox"/>            |
| MULTIPLE COMPLETE       | <input type="checkbox"/> | ALTERING CASING       | <input type="checkbox"/>            |
| ABANDON*                | <input type="checkbox"/> | ABANDONMENT*          | <input type="checkbox"/>            |
| CHANGE PLANS            | <input type="checkbox"/> |                       |                                     |

(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.) \*

12-10-74 Ran 159 JTS, 5½", 17#, K-55 to 5100'. Set and cemented w/200 sxs Class C w/ 5 lbs. Salt; 175 sxs Class C latex. Top of cement @ 3315.

12-14-74 Perforated Grayburg 4674-76, 4694-98

12-15-74 Acidized w/500 Gal ISDP 1500

12-16-74 Perforated Grayburg 4627-37

12-17-74 Perforated 4430-34

12-19-74 Acidize 4430-34 w/500 Gal ISIP 1900

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

SIGNED

TITLE Senior Production Clerk

DATE 12-19-74

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

J. S. L. SUTLEY  
HOBBS, NEW MEXICO