

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240  
SUBMIT IN TRIPLIC.  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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. <b>LC-065525-A</b>
2. NAME OF OPERATOR <b>TENNECO OIL CO.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>7990 IH 10 WEST SAN ANTONIO, TEXAS 78230</b>		7. UNIT AGREEMENT NAME <b>ELLIOTT FEDERAL</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>UNIT LETTER K, 1980 FSL, 1980 FWL</b>		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. <b>2</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT <b>DRINKARD</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 1, T21S, R37E</b>
		12. COUNTY OR PARISH <b>LEA</b>
		13. STATE <b>N.M.</b>

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <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.)\*

Drill to 7079'. Set 35 joints of 4" 10.46# J-55 casing at 7078' (top of liner at 5724'). Cemented w/80 SXS class "C" cement. TOC at 5683'. Plug pumped down w/800 PSI. Wait on cement 18 hrs. Tese liner top to 950#. Held OK. Resumed operations.



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

SIGNED *Robert J. Smalley* TITLE PRODUCTION ENGINEER DATE 5-29-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

*SWD*  
JUN 4 1985

\*See Instructions on Reverse Side

RECEIVED

JUN - 5 1985

C.C.D.  
HOBBS OFFICE