

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

API 30-025-²¹³⁹⁷~~28225~~

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. 101 K-1447

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 - " (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Tenneco Oil Company	8. Farm or Lease Name Skelly State
3. Address of Operator Box 1031, Midland, Texas	9. Well No. 1
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>18</u> TOWNSHIP <u>23-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3717 GL	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☒

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well Plugged as follows:

Set 25 sx cmt plug 5221-5134 (bottom of hole)
Set 25 sx cmt plug 4807-4730 (across bottom of salt)
Set 25 sx cmt plug 1420-1333 (across top of salt)
Set 25 sx cmt plug 320- 407 (bottom of surface csg)
Set 10 sx cmt plug 0- 25 (surface plug)

Mud ladden fluid spotted between all plugs. 398' of 8-5/8" csg left in hole.
Well P&A 5-26-65.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED A. W. Lang A. W. Lang TITLE Dist. Prod. Superintendent DATE June 1, 1965

APPROVED BY Lester N. Clements TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: