

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

LEASE DESIGNATION AND SERIAL NO.

DM 045351

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.)

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 & 660' FEL of Section 27.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Conoco Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 27, T-25-S, R-34-E

14. PERMIT NO.

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

3360 GL Estimated

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Plans are to plug and abandon well as follows:

Set 30 sx cmt. plug 5370-5270'

Set 30 sx cmt. plug 1310-1210'

Set 30 sx cmt. plug 475- 375'

Set 10 sx cmt. plug at surface and install dry hole marker. 433'  
of 8-5/8" csg. to be left in hole. Mud laden fluid to be spotted  
between all plugs.

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

SIGNED

*R. O. Bowery*

R. O. Bowery

TITLE

Dist. Ofc. Supervisor

DATE

10-12-64

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side

