

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 045351

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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., OR B.L.K. AND SURVEY OR AREA

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

12. COUNTY OR PARISH

Lea New Mexico

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 &amp; 660' FEL of Section 27

14. PERMIT NO.

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

3360 GL Estimated

## 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

## SUBSEQUENT REPORT OF

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion or 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.)\*

Spudded 12 1/4" hole 2:00 P.M. MST 9-28-64. Set and cmtd 8 5/8" OD, 24# csg at 433' with 300 sx Class "A" cmt with 2% CaCl<sub>2</sub>. Cmt circulated. Pressure tested csg to 800 PSI for 30 mins after WOC 12 hrs. Held OK. Formation temp 65°.

Estimated compressive strength after WOC 12 hrs is 1450 PSI.

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

SIGNED

*R.O. Bowers*

R.O. Bowers

TITLE Dist. Office Supervisor

DATE

9-30-64

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

DATE

OCT 2 1964

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side L. GORDON

ACTING DISTRICT ENGINEER