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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE O. C. C.
JAN 19 3 25 PM '66

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

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

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- 2. Name of Operator Tenneco Oil Company 3. Address of Operator Box 1031, Midland, Texas 4. Location of Well UNIT LETTER I 330 FEET FROM THE East LINE AND 1650 FEET FROM THE South LINE, SECTION 34 TOWNSHIP 24-S RANGE 37-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3201 DF	7. Unit Agreement Name 8. Farm or Lease Name R. L. Mosley 9. Well No. 1 10. Field and Pool, or Wildcat Justis Blinebry Justis Tubb Drinkard 12. County Lea
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER ☐

SUBSEQUENT REPORT OF:

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

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.

Spudded 11" hole 1:00 P.M. 1-8-66 and drilling to 1032'. Set and cemented 8 5/8" OD 24 & 32# J-55 @ 1032' w/280 sx Incor, 16% gel 3% salt & 100 sx Incor 2% Ca Cl₂. Cement circulated. Pressure tested casing 30 minutes @ 1000# psi after WOC 8 1/2 hours. Mixing temperature 35°. Formation temperature 72°. Estimated compressive strength after WOC 8 1/2 hours is 900 psi.

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

SIGNED A.R. Gibson A.R. Gibson TITLE Dist. Drlg. Foreman DATE 1-18-66.

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: