

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form 2-231-1
G.S. Form No. 42-R1424

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 ☐	7. UNIT OR FORMER NAME <i>South Lincoln Unit</i>
2. NAME OF OPERATOR <i>Tenneco Oil Company</i>	8. FIELD OR LEASE NAME
3. ADDRESS OF OPERATOR <i>1200 Lincoln Tower Bldg., Denver, Colorado 80203</i>	9. WELL NO. <i>16</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	10. FIELD AND POOL OR WILDCAT <i>Hosack Unit - Sarnal</i>
11. PERMIT NO.	11. SEC. T. R. S. AND SUBJECT OF WELL <i>F-12-17-9</i> <i>300-17-17-9W</i>
12. COUNTY OR PARISH	13. STATE <i>W. Va.</i>
14. ELEVATIONS (Show whether DF, RT, CR, etc.)	

15. 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 Location.)

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.)*

STATUS OF WELL:

*Producing*APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED: *NA*REASON FOR TEMP ABAND: *NA*FUTURE PLANS FOR WELL: *NA*APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING: *NA*

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

SIGNED

W. D. Myers

TITLE

Division Production Manager

DATE

December 13, 197

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side