

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Gas injection	5. LEASE DESIGNATION AND SERIAL NO. 14-20-
2. NAME OF OPERATOR Tenneco Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR 1200 Lincoln Tower Bldg., Denver, Colorado 80203	7. UNIT AGREEMENT NAME Lone Pine Dakota D
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 820' FNL/500' FWL	8. FARM OR LEASE NAME Lone Pine Dakota D
	9. WELL NO. 11
	10. FIELD AND POOL, OR WILDCAT Lone Pine Dakota D
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 18, T 17N, R 8 W
14. PERMIT NO.	12. COUNTY OR PARISH McKinley
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Shut-In	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(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.) *

STATUS OF WELL: injection shut-in

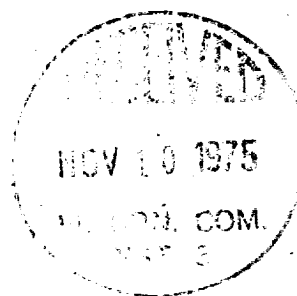
APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED:

REASON FOR TEMP ABAND:

FUTURE PLANS FOR WELL:

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING:

TEMPORARY ABANDONMENT
EXPIRES 12-31-74



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

SIGNED D. D. Myer

TITLE Division Production Manager

DATE 11-6-75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____