

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
14-20-0603-9871-061255

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Heirs of Don Ne Pah

7. UNIT AGREEMENT NAME

Lone Pine-Dakota "D" Unit

8. FARM OR LEASE NAME

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

Lone Pine Dakota

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

Sec. 18, T-17-N, R-8-W

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

1. OIL ☒ CAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

1860 Lincoln St., Suite 1200, Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

820 FNL and 500 FWL

14. PERMIT NO.

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

7058 GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Convert from inject. to prod. ☒

(Other)

(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.)*

Converted injection well to producing well status as of February 1, 1976.
No mechanical changes required. Have filed C-116 requesting establishment
of allowable.



RECEIVED

MAR 1 1976

U. S. GEOLOGICAL SURVEY

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

SIGNED

D. D. Myers

TITLE

Div. Production Manager

DATE

2-24-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: