

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

5. LEASE DESIGNATION AND SERIAL NO.

NOO-C-14-20-2666

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Kagoso

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Lone Pine Dakota "D"

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

Sec. 18, T17N, R8W

12. COUNTY OR PARISH 13. STATE

McKinley

New Mexico

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 ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Suite 1200, Lincoln Tower Bldg., Denver, Colo.

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

1980' F/SL and 1800' F/EL

14. PERMIT NO.

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

6923 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☒ XX
☐
☐

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

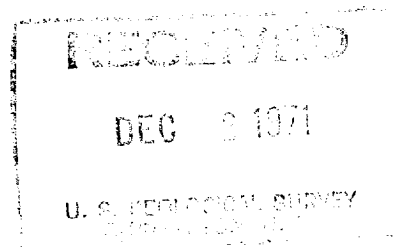
ALTERING CASING

ABANDONMENT*

☐
☐
☐(NOTE: Report results of multiple completion 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.)*

Move in service unit, pull rods, pump and tubing. Frac down 5-1/2" casing with 3,120 gals. of gelled oil w/3000# 10/20 sand with treating pressure of 1900 psi at 11 BPM across perforations 2715'-20'. Swab and re-run tubing, rods and pump---test well.



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

SIGNED

TITLE

Sr. Production Clerk

DATE

11-30-71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side