

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 type="checkbox"/> OTHER WIW		5. LEASE DESIGNATION AND SERIAL NO. NM-0556382
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 3249 Englewood, CO 80155		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 660' FNL 660' FWL		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, WT, OR, etc.) 6701' KB	9. WELL NO. 26
		10. FIELD AND POOL, OR WILDCAT Lone Pine Dakota D
		11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA Sec. 19, T17N, R8W
		12. COUNTY OR PARISH McKinley
		13. STATE NM

16. 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 PLANE

☐
☐
☐
☐
☐

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.)

The lease number has been permanently marked on the monument as of August 19, 1987.

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

SIGNED Mike McIndie

TITLE Administrative Analyst

DATE Sept. 23, 1987

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE OCT 06 1987

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO
BY all

*See Instructions on Reverse Side