

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

720 S. Colo. Blvd., Denver, CO 80222

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 550'FNL, 2050'FEL, Unit B

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) ☐

SUBSEQUENT REPORT OF

RECEIVED

FEB 6 1980

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

5. LEASE

M-20-0603-9895

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lone Pine Dakota D Unit

9. WELL NO.

10

10. FIELD OR WILDCAT NAME

Lone Pine Dakota D

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

Sec. 18; T17N; R8W

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

719' KB

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.)\*

12/8/79

Tenneco Oil Company has plugged and abandoned the above well using the following procedure:

1. MIRUCU
2. NUBOE
3. Fill hole w/produced water
4. POOH 2/tubing
5. Squeeze Dakota perforations @ 2866'-2870' w/50 sxs CL B cmt. w/2% CACL2 to 100' above perfs.

6. Set cmt. plugs w/CL B cmt. 2% CACL2 @ the following depths:  
580'-370'  
1850'-1750' (25 sxs)  
100'-Surface (25 sxs)

7. RDMOPU
8. Install P&A marker
9. Clean, grade and restore location per USGS requirements

Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

SIGNED \_\_\_\_\_ Admin. Supervisor

DATE 1/31/80

(This space for Federal or State office use)

RAYMOND W. VINYARD

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE ACTING DISTRICT SUPERVISOR DATE

NMOCC