

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.

30-031-20183

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Lone Pine Dakota

8. FARM OR LEASE NAME

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Lone Pine Dakota D

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

Sec 13, T17N, R9W

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

1. OIL ☐ GAS ☒ OTHER ☐ Gas Injection

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

1200 Lincoln Tower Bldg., Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface 800 FNL/3500 FWL

14. PERMIT NO.

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

7010 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☐

ABANDON*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT*

☐

(Other) Shut-In

☒(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: shut in

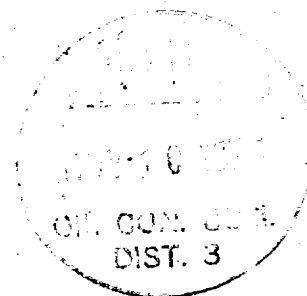
TEMPORARY ABANDONMENT
EXPIRES 12-31-76

APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED: 12/73

REASON FOR TEMP ABAND: at time, well not necessary for gas inj project

FUTURE PLANS FOR WELL: will use as gas supply well at blowdown

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING:



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

SIGNED D. D. MeyerTITLE Division Production ManagerDATE 11-6-75

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: