

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form Approved
GSA FPMR (41 CFR) 101-11.6, No. 42-R1424

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		7. UNIT AGREEMENT NAME LONE PINE DAKOTA D
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME Lone Pine Dakota D
3. ADDRESS OF OPERATOR 1200 Lincoln Tower Bldg., Denver, Colorado 80203		9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330 FNL and 330 FWL		10. FIELD AND ZONE, OR WILDCAT Lone Pine Dakota D
14. PERMIT NO.		11. SEC. T. R. S. AND 1/4 D 17 17 8
15. ELEVATIONS (Show whether of, ft, or, etc.)		12. COUNTY OR PARISH, STATE McIntosh ALA.

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) Shut-In	☒

(Note: Report results of multiple completion or 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 names pertinent to this work.)

STATUS OF WELL: **SHUT-IN**

APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED: **6/72**

REASON FOR TEMP ABAND: **WATERED OUT**

FUTURE PLANS FOR WELL: **WILL HOLD FOR POSSIBLE USE UNTIL TERMINATION OF UNIT OPERATIONS**

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING:

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

SIGNED **D.L. Myers** TITLE **Division Production Manager** DATE **December 13, 1974**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: