

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other Instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NA

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

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 330 FNL / 330 FWL

7. UNIT AGREEMENT NAME

Lone Pine Dakota D

8. FARM OR LEASE NAME

Lone Pine Dakota D

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Lone Pine Dakota D

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

Sec 17, T17N, R8W

14. PERMIT NO.

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

NA

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Shut-In

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

(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

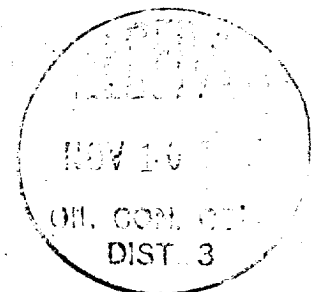
APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED: 6/72

REASON FOR TEMP ABAND: watered out

FUTURE PLANS FOR WELL: will hold for possible use unit termination of unit operations

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING:

TEMPORARY ABANDONMENT
EXPIRES 12-31-76



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

SIGNED

D.D. Myer

TITLE

Division Production Manager

DATE

11-6-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: