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UNITED STATES OIL CON. DIV.
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY DIST. 3

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: 330'FNL, 330'FWL, Unit D
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
14-20-0603-9535
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME
Lone Pine Dakota D Unit
9. WELL NO.
9
10. FIELD OR WILDCAT NAME
Lone Pine Dakota D
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17; T17N; R8W
12. COUNTY OR PARISH McKinley 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
2057'KB

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:

- ☐
☐
☐
☐
☐
☐
☐
☒

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

12/11/79

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 w/tubing
5. Squeeze Dakota perforations @ 2832'-2837' 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'-310' 1810'-1710' (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 Charles J. Stutter Title Admin. Supervisor DATE 1/31/80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

NMOCC