UNITED STATES

UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE 91-011596 14:20-0603-9534
GEOLOGICAL SURVEY	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 Form 9-331-C for such proposals.)	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME
1. oil gas well other	Lone Pine Dakota "D" Unit
2. NAME OF OPERATOR	9. WELL NO.
Tenneco Oil Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Basin Dakota
720 S. Colorado Blvd., Denver, CO 80222	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
helow)	Sec. 8, T17N, R8W
AT SURFACE: 1650'FSL & 330'FWL, Unit L	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	McKinley New Mexico
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6996'KB
TEST WATER SHUT-OFF	
FRACTURE TREAT	医克勒氏 医克里克氏
SHOOT OR ACIDIZE	
REPAIR WELL PULL OR ALTER CASING T	(NOTE: Report results of multiple completion or zone
MULTIPLE COMPLETE	change on Form 9-330.)
CHANGE ZONES	
ABANDON*	그 그 그 그는 그 경우 놓았다고 싶다는 휴가의 그 년이
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent. We propose to plug & abandon well via the following the propose to plug abandon.	rectionally drilled, give subsurface locations and to this work.)*
MIRUPU. NUBOE. Fill hole w/produced water. POG perforations @2754'-2772' w/50 Sx class "B" co above perfs. Set cement plugs w/class "B" cer depths: 600' 200' (25 Sx) 100' - Surface (25 Sx)	ement, 2% CACL2 to 100'
RDMOPU. Install P & A marker. Clean, grade, ar	nd restore location perall S-G S
requirements.	- 1019 - 1019 - 1019 - 1019 - 1019 - 1019 - 1019 - 1019 - 1019
	529 1919 1919
Subsurface Safety Valve: Manu. and Type	Set @Ft.
18. I hereby contify that the foregoing is true and correct	
GIGNED LANG THE Admin. Superv	11 SOTDATE 9/12/79
(This space for Federal or State office use)	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE ARENOVED
	Care Server

SEP 28 1979

DAVID MALDONADO

DISTRICT OU & GAS SUPERVISOR