

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form 2-701, No. 42-R1424
LEASE LOCATION AND SERIAL NO.
3-031-20201

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 LONG PINE D. KOTAD
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 1200 Lincoln Tower Bldg., Denver, Colorado 80203		9. WELL NO. 23
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FSL / 2310 FWL		10. FIELD AND TOWN, OR WILDCAT LONG PINE D. KOTAD
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6944 GR	11. SEC., T., R., OR COR. AND SURVEY OR AREA 1/4
		12. COUNTY OR PARCELS McKINLEY
		13. STATE N.M.

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) <u>Shut-In</u>	(Other) ☒

(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.)*

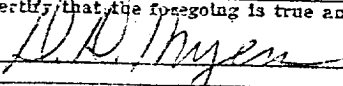
STATUS OF WELL:

SHUT-INAPPROXIMATE DATE THAT TEMP. ABAND. COMMENCED: **8/71**REASON FOR TEMP ABAND: **WELL GASED OUT**FUTURE PLANS FOR WELL: **WILL USE AS GAS PRODUCER AT BLOWDOWN**

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING:

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

SIGNED



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: