

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Noo-C-14-20-2666

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Kagoso

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Lone Pine Dakota "D"

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

Section 18, T-17-N, R-8-W

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Suite 1200 Lincoln Tower Building, Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

2970' F/NL and 890' F/EL

14. PERMIT NO.

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

6953 GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) — Acidizing

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

Moved in completion unit 2-28-71, Tested B.O.P. and casing to 1500 psi, held O.K. Cleaned out to 2800' PBTD, Perforated with 2 shots per foot 2743'-2746', Ran 2-3/8" 4.70# EUE Tubing, Landed at 2739', Acidized with 500 gals 15% HCL, Swabbed, Installed pumping equipment.

Well tested 24 hours 3-14-71, 61 Bbls oil, 309 Bbls water, 19 MCF GOR 310, oil gravity 50



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

SIGNED

TITLE

Sr. Production Clerk

DATE

3-17-71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side