Form Approved. Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR

	5. LEASE -91-011596-NOO-C-14-20-266
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
nt	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME Lone Pine Dakota "D" Unit
	9. WELL NO. 18
.	10. FIELD OR WILDCAT NAME Basin Dakota
7	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T17N, R8W
	12. COUNTY OR PARISH 13. STATE McKinley New Mexico
Ε,	14. API NO.
	15 ELEVATIONS (CHOW DE KOR AND WO)

GEOLOGICAL SURVEY SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a differe reservoir. Use Form 9–331–C for such proposals.) other well well 2. NAME OF OPERATOR Tenneco Oil Company 3. ADDRESS OF OPERATOR 720 S. Colorado Blvd., Denver, CO 80222 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1 below.) 2970'FNL & 890'FEL, Unit I AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTIC REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 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.)* We propose to plug and abandon well via the following procedure: MIRUPU. NUBOE. Fill hole w/produced water. POOH w/tbg., pump, and rods. Squeeze Dakota perforations @2743'-2746' w/50 Sx class "B" cement, 2% CACL2 to 100' above perfs. Set cement plugs w/class "B" cement, 2% CACL 500'EU 280 @ the following depths: 1720'201620'-1650' (25 Sx) 100'-Surface (25 Sx) RDMOPU. Install P&A marker. Clean, grade, and restore location U.S.G.S. requirements. Subsurface Safety Valve: Manu. and Type egoing is true and correct Supervisor DATE TITLE Admin. (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

NOUCC

DISTRICT OIL & GAS SUPERVISOR

PERROVED

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