

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 Change of well name and number

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Suite 1200 Lincoln Tower Bldg., -Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

4950' F/WL and 660' F/SL

14. PERMIT NO.

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

7074 GR

5. LEASE DESIGNATION AND SERIAL NO.

NM-8270

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Lone Pine Dakota "D" Unit

8. FARM OR LEASE NAME

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Lone Pine Dakota

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

Sec. 12, T-17-N, R-9-W

12. COUNTY OR PARISH

McKinley

13. STATE
New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Change of well name & number

(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.)*

Change of well name and number from
Hospah #44 effective 4-1-72

APR 11 1972

OIL CON. COM.
DIST. 3

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

SIGNED

TITLE Sr. Production Clerk

DATE 4-6-72

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

