

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-B1424.

SUMMARY NOTICES AND REPORTS ON WELLS

(Do not use this form for wells to drill or to develop or to produce from a reservoir.
SEE INSTRUCTIONS FOR PERMITTING FOR SUCH WELLS.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐		7. UNIT ASSIGNMENT NAME Long Pine Dakota "D" Unit	
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR Suite 1200 Lincoln Tower Bldg., Denver, Colorado 80203		9. WELL NO. 5	
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		10. FIELD AND POOL, OR WILDCAT Long Pine Dakota	
14. PERMIT NO. 0		11. SEC. 12, T-17-N-, R-9-W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7074 GR		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:

SUBSEQUENT REPORTS:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

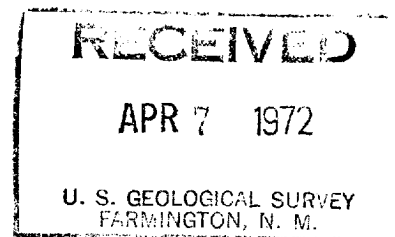
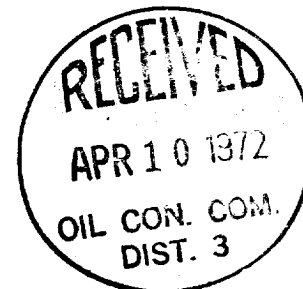
WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Gas Injection ☒

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(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.)*

Injection started 4-4-72



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

SIGNED G. A. Jern TITLE Sr. Production Clerk DATE 4-4-72

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

