

UNITED STATES
DEPARTMENT OF THE INTERIOR
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 different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other Gas Injection

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 17 below.)
AT SURFACE: 4950'FWL & 660'FSL, Unit P
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒
(other)

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5. LEASE

~~91-011596~~ NM-8270

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Lone Pine Dakota "D" Unit

9. WELL NO.

5

10. FIELD OR WILDCAT NAME
Basin Dakota

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

Sec. 12, T17N, R9W

12. COUNTY OR PARISH
McKinley

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7085'KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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. Squeeze Dakota perforations @ 2772'-2799' w/50 Sx class "B" cement, 2% CACL2 to 100' above perfs. Set cement plugs w/class "B" cement, 2% CACL2 @ the following depths:

650' (25 Sx)
1260' (25 Sx)
100'-Surface (25 Sx)

RDMOPU. Install P&A marker. Clean, grade, and restore location per U.S.G.S. requirements.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Conley Matheson TITLE Admin. Supervisor DATE 9/12/79

(This space for Federal or State office use)

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

Approved Subject To
BLM Stipulations

NMOCC
*See Instructions on Reverse Side

APPROVED

SEP 28 1979

DAVID MALDONADO
DISTRICT OIL & GAS SUPERVISOR

APPROVED

APPROVED

APPROVED