

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(*See instructions on reverse side)

Form approved
Budget Bureau No. 42-B-124
5. LEASE DESIGNATION AND SERIAL NO.

NM - 8270
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ P & A Well

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
Suite 1200 Lincoln Tower Building, Denver, Colo. 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
330' F/SL and 3630' F/WL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hospah

9. WELL NO.
45

10. FIELD AND POOL, OR WILDCAT
Lone Pine Dakota "D"

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 12, T-17-N, R-9-W

12. COUNTY OR PARISH
McKinley

13. STATE
New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7096 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

Well drilled to TD of 2850' and all zones tested dry.

Well P & A 4-17-71 as follows:

Depth		No. Sacks Cement
From	To	
2850	2600	75
2100	1700	100
120	Surface	40

Installed dry hole marker and cleaned location.



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

SIGNED

TITLE Sr. Production Clerk

DATE 4-21-71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

