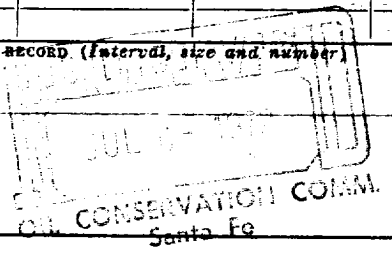
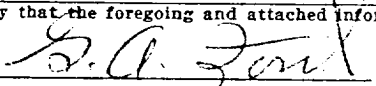


UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☐	DRY ☒	Other ☐			
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐ P & A	
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)* At surface 2290' F/EL and 1825' F/NL At top prod. interval reported below At total depth								
14. PERMIT NO.				DATE ISSUED				
15. DATE SPUDDED 6-22-72		16. DATE T.D. REACHED 6-25-72		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 7027 GR		
20. TOTAL DEPTH, MD & TVD 2964		21. PLUG, BACK T.D., MD & TVD -----		22. IF MULTIPLE COMPL., HOW MANY* -----		23. INTERVALS DRILLED BY ROTARY TOOLS 0-2964		
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* NONE - All zones tested dry						25. WAS DIRECTIONAL SURVEY MADE Yes		
26. TYPE ELECTRIC AND OTHER LOGS RUN IES, FAC						27. WAS WELL CORED No		
28. CASING RECORD (Report all strings set in well)								
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED		
8-5/8	24	70	12-1/4	40 sacks circulated		NONE		
29. LINER RECORD								
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD			
		0			SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				
				DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED
33. PRODUCTION								
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						
DATE OF TEST		HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	
FLOW. TUBING PRESS.		CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	OIL GRAVITY-API (CORR.)		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							TEST WITNESSED BY	
35. LIST OF ATTACHMENTS								
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records								
SIGNED 		TITLE		Sr. Production Clerk		DATE 6-30-72		

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on Items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see Item 33.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described, in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in Item 22, and in Item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in Item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Stacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for Items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF, CORRELATE INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Menefee	Surface		
Point Lookout	590		
Upper Hoshpah	1805		
Massive Gallup	1865		
Dakota "A"	2680		
Dakota "B"	2760		
Dakota "D"	2813		
Morrison	2918		

38. GEOLOGIC MARKERS

NAME

Upper Mancos	805
Saratsee	2208
Greenhorn	2584
Graneros	2624

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42 R1424
5. LEASE DESIGNATION AND SERIAL NO.
NOO-C-14-20-4314
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	7. UNIT AGREEMENT NAME Navajo
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME Lillie
3. ADDRESS OF OPERATOR Suite 1200 Lincoln Tower Bldg. - Denver, Colo.	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface //2290' F/EL and 1825' F/NL	10. FIELD AND POOL, OR WILDCAT Lone Pine Dakota "D"
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7027 GR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-17-N, R-8-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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☒CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

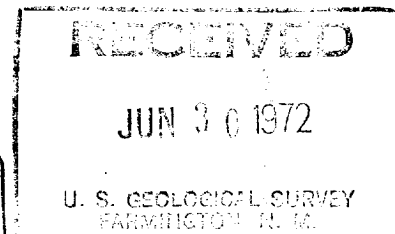
WATER SHUT-OFF ☒FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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.)*

Well spudded 6/22/72 W/12-1/4" hole and drilled to 70', Ran 2 Jts. of 8-5/8" 24# casing landed at 70', Cemented W/40 sacks, circulated. Tested casing and BOP to 1000 psi, held OK. Drilled out W/7-7/8" hole to T.D. of 2964' on 6/25/72, logged and all zones tested dry. We propose to P and A as follows:

From	Depth To	No. Sacks Cement
2964	2600	40
1925	1775	30
900	775	30
700	575	30
70	surface	30



Install dry hole marker and clean location

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

SIGNED G. A. FordOIL CONSERVATION COMM.
Sr. Production ClerkDATE 6/28/72

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____