| Form 9-331 (May 1963) | DEPARTM | JNITED STATES MENT OF THE INTERI EOLOGICAL SURVEY | SUBMIT IN TRIPLICATE® OR (Other Instructions on re- verse side) | 5. LEASE DESIGNATION NM 8405 | AND SERIAL NO. |
|--|---|---|--|---|----------------|
| (Du not | SUNDRY NOTI | 6. IF INDIAN, ALLOTTE | E OR TRIBE NAME | | |
| OIL WELL | WEGL OTHER | T. UNIT AGREEMENT NAME | | | |
| | Oil Company | 8. FARM OR LEASE NAME Canyon 11 | | | |
| 3. ADDRESS OF C | coln St., Suite | 9. WELL NO. | | | |
| 4. LOCATION OF See also spac At surface | well (Report location of e 17 below.) | 10. FIELD AND POOL, OR WILDCAT Basin Dakota | | | |
| | 2300' FNL and | Sec. 11, T25N, R11W | | | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, 6327 GR | RT, GR, etc.) | San Juan | New Mexic |
| 16. | Check Ap | propriate Box To Indicate N | ature of Notice, Report, or C | Other Data | |
| | NOTICE OF INTEN | rion To : | SUBSEQ | CENT REPORT OF: | |
| TEST WATER FRACTURE TI | | CLL OR ACTER CASING | WATER SHUT-OFF FRACTURE TREATMENT | REPAIRING O | ļ <u> </u> |
| SHOOT OR AC | | ABANDON* | SHOOTING OR ACIDIZING | ABANDONME | |
| REPAIR WELL | r c | HANGE FLANS | (Other) (Note: Report results | of multiple completion | on Well |
| (Other) 17. DESCRIBE PRO proposed very nent to this | orosed or completed open work. If well is directions work.)* | tations (Clearly state all pertinen nally drilled, give subsurface locat | Completion or Recomp t details, and give pertinent dates, ions and measured and true vertice | of multiple completion letion Report and Log fo including estimated dat al depths for all marker | |
| Status o | of Well: Shut i | n gas well - No mark | et | | |
| Approxim | ate Date that ! | Temp. Aband. Commence | ed: | | |
| Reason f | or Temp. Aband. | : | | | |
| Future P | Plans for Well: | Secure market and | produce | • | |
| Approxim | nate Date of Fut | A Commence | | | |
| | | | | | / / |
| | | | | D187. 3 | OM. |
| | | | | | |
| | | | | | • |
| 18. I hereby cert | tify that the foregoing is D.D. Myens | | v. Production Manager | DATE 10 5 | 2/-25 |
| (This space | for Federal or State offic | ce use) | | | |
| APPROVED | ry | TITLE | | DATE | |

| Form 9-331 (May 1963) | UNITED STATES | SUBMIT IN TRIPLICATE* (Other instructions on re- | Form approved, Budget Bureau No. 42-R1424. | |
|---|---|--|--|--|
| DEPAR | DEPARTMENT OF THE INTERIOR VERSE side) GEOLOGICAL SURVEY | | 5. LEASE DESIGNATION AND SERIAL NO. NM 8405 | |
| SUNDRY NO . (Do not use this form for in Use "APP! | 6. IF INDIAN, ALLOTTED OR TRIBE NAME | | | |
| 1. OIL GAS TO | | , | 7. UNIT AGREEMENT NAME | |
| WE'L WELL A OTHE | 8. FARM OR LEASE NAME | | | |
| Tenneco Oil Company | Canyon | | | |
| 3. ADDRESS OF OPERATOR 1860 Lincoln St., Su | 9. WELL NO. | | | |
| 4. LOCATION OF WELL (Report locati See also space 17 below.) At surface | Basin Dakota | | | |
| 2300' FNL | 11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA | | | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether D | F RT CR etc. | Sec. 11, T25N, R11W | |
| 11. FBRSIL SO. | 6327 GR | | San Juan New Mexico | |
| 16. Check | Appropriate Box To Indicate N | Nature of Notice, Report, or C | Other Data | |
| NOTICE OF I | NTENTION TO: | SUBSEQU | ENT REPORT OF: | |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING WELL | |
| FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT SHOOTING OR ACIDIZING | ALTERING CASING | |
| REPAIR WELL | ABANDON* CHANGE PLANS | (Other) | ABANDONMENT* | |
| (Other) | | (Note: Report results | of multiple completion on Well letion Report and Log form.) | |
| 17. DESCRIBE PROPOSED OR COMPLETED | operations (Clearly state all pertiner rectionally drilled, give subsurface loca | it details, and give pertinent dates. | including estimated date of starting any ald depths for all markers and zones perti- | |
| • | t in gas well - No mark | ket | | |
| Approximate Date tha | t Temp. Aband. Commend | ed: | | |
| Reason for Temp. Aba | and.: | | | |
| Future Plans for Wel | 1: Secure market and | produce | | |
| | | | | |
| Approximate Date of | Future W.O. or Pluggir | ıg: | | |
| rippi Onimado Bado Ci | | G. | | |
| | | | Visit dia com / L | |
| | | | San | |
| | | • | | |
| | • . | | • | |
| | | | | |
| 18. I hereby certify that the foregold | | | | |
| SIGNED D.W. Mys | TITLE D | iv. Production Manager | DATE 10 21.75 | |
| (This space for Federal or State | e office use) | | | |
| APPROVED BY CONDITIONS OF APPROVAL | TITLE | | DATE | |