

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. NAME OF OPERATOR TENNECO OIL COMPANY	
3. ADDRESS OF OPERATOR Suite 1200 Lincoln Tower Building, Denver, Colorado 80203	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 550' F/NL and 2050' F/EL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7108 GR

5. LEASE DESIGNATION AND SERIAL NO. 14-20-063-9895
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Yazzie
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Undesignated Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T17N, R8W
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 <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 checked="" type="checkbox"/>	ABANDONMENT* <input 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.)*

Moved in completion unit 11/23/70, tested casing to 1000 psi, held O.K. Cleaned out to PBTD of 2918. Perforated 2866-2870 with 2 shots per ft., acidized with 500 gals. of 15% HCL, swabbed well. Ran 92 jts. of 2-3/8" EUE tubing landed at 2840. Well tested 24 hrs. 11/25/70, 111 Bbls oil, 10 Bbls water, 155 MCF gas, gas-oil ratio 1400, 55° gravity.

CONFIDENTIAL

NOV 30 1970

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

SIGNED

TITLE

OIL CON. COM.

SDIST Production Clerk

DATE

11-25-70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: