

F

Jan. 31, 1973

30-045-21212

F. Loc. 1120/S; 1160/E Elev. 6197 GL Spd. _____ Comp. _____ TD _____ PB _____Casing S. _____ @ _____ W _____ Sx. Int. _____ @ _____ W _____ Sx. Pr. _____ @ _____ W _____ Sx. T. _____ @ _____
Csg. Perf. _____ Prod. Stim. _____T
R
A
N
S

I.P. _____ BO/D _____ MCF/D After _____ Hrs. _____ SICP _____ PSI After _____ Days GOR _____ Grav. _____ 1st Del. _____ s _____

| TOPS | | NITD | Well Log | TEST DATA | | | | | | | Ref. No. |
|-----------------|--|-------|--------------|-----------|----|---|----|----|---|--|----------|
| Kirtland | | C-103 | Plat X | Schd. | PC | Q | PW | PD | D | | |
| Fruitland | | C-104 | Electric Log | | | | | | | | |
| Pictured Cliffs | | | C-122 | | | | | | | | |
| Cliff House | | Ditr | Dfa | | | | | | | | |
| Menefee | | Datr | Dac | | | | | | | | |
| Point Lookout | | E 320 | | | | | | | | | |
| Mancos | | | | | | | | | | | |
| Gallup | | | | | | | | | | | |
| Sanostee | | | | | | | | | | | |
| Greenhorn | | | | | | | | | | | |
| Dakota | | | | | | | | | | | |
| Morrison | | | | | | | | | | | |
| Entrada | | | | | | | | | | | |

P
O
Basin Dak. Co. SJ S 10 T 29N R 8W U.P. Oper. Tenneco Oil Company Lse. Dana No. 3

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

30-043-21212

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. |
| 2. NAME OF OPERATOR Tenneco Oil Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 1860 Lincoln St., Suite 1200, Denver, Colorado 80203 | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1120' FSL and 1160' FEL | | 8. FARM OR LEASE NAME Dana |
| 14. PERMIT NO. | | 9. WELL NO. 3 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6197' GR | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T29N, R8W |
| | | 12. COUNTY OR PARISH San Juan |
| | | 13. STATE New Mexico |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|--|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input checked="" type="checkbox"/> | (Other) <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.)*

Please cancel the Notice of Intention to Drill filed on 1/25/73 on this well.
Please forward the appropriate copies to the NMOCC so that they may take this well off their inactive list.

Abandoned Loc.

RECEIVED

JUN 14 1976

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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

SIGNED Mike Meyer

TITLE Div. Prod. Manager

DATE 6-9-76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

