

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other Water injection well

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2310' FSL & 1392 FEL "I"

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

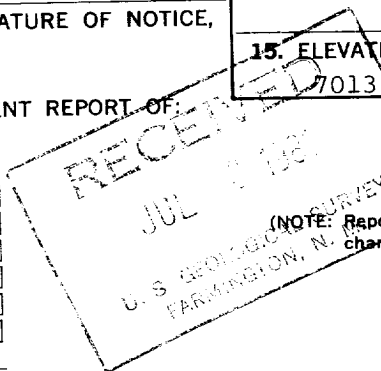
CHANGE ZONES ☐

ABANDON* ☐

(other) Temporarily abandon

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
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☐



5. LEASE

0536034
NM 001308

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

South Hospah Unit

8. FARM OR LEASE NAME

9. WELL NO.

20

10. FIELD OR WILDCAT NAME

South Hospah - Upper Sand

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 12, T17N R9W

12. COUNTY OR PARISH

McKinley

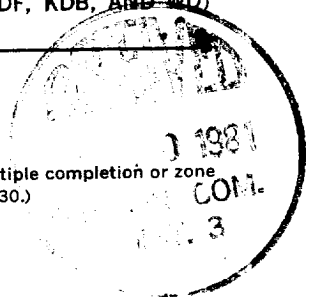
13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

7013 gr.



(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

6/24/81 - Per verbal approval from E. A. Schmidt, USGS, to Paul Pendleton, Tenneco, Tenneco proposes to temporarily abandon the above referenced well in the following manner:

1. MIRUSU
2. NDWH. NUBOP
3. Unseat model "AD" pkr and POOH w/2-3/8" fiberglass tbg and pkr.
4. NDBOP. NUWH.
5. Close wellhead valves.
6. RD MOSU.

Approval is granted to temporarily abandon well for one year from date of approval.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Carley Mathews TITLE Asst. Div. Adm. Mgr. DATE 6/29/81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCC

