

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM - 081208

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

South Hospah Unit

8. FARM OR LEASE NAME

9. WELL NO.

#3

10. FIELD AND POOL, OR WILDCAT

South Hospah Upper Gallup

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

Sec. 12, T17N-R9W

12. COUNTY OR PARISH

Mc Kinley

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TENNECO OIL COMPANY

3. ADDRESS OF OPERATOR

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

1650 FNL, 1392 FEL (Unit H)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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)

Change of Name

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

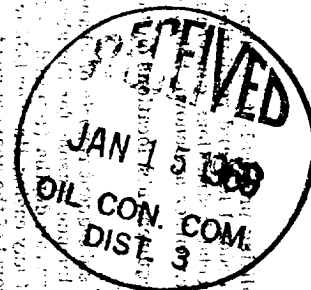
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

CHANGE OF NAME FOR Hospah #3 TO SOUTH HOSPAH UNIT #3

RECEIVED

JAN 14 1969

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



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

SIGNED

Don B. Coch

TITLE

Production Clerk

DATE

1-13-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side