

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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

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.)

7. UNIT AGREEMENT NAME

South Hospah Unit

8. FARM OR LEASE NAME

1. OIL WELL GAS WELL OTHER Water Injection Well

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
1860 Lincoln St., Suite 1200, Denver, Colorado 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2310' FSL and 330' East

Unit I

10. FIELD AND POOL, OR WILDCAT

Hospah South (Upper San)

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

See 11 T 7N R9W

12. COUNTY OR PARISH 13. STATE

Mckinley New Mexico

14. PERMIT NO.

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

7108' GR

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)

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.)*

We propose to reperforate this well to establish a greater injection rate as follows:

1. Blow down well.
2. Rig up mast truck.
3. Perforate 4 JSPF from 1692' - 1710'.
4. Acidize with 500 gallons 15% HCL with silt sus.
5. Return to injection.
6. Clean location of all debris.



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

SIGNED

D.A. Myers

TITLE

Div. Production Manager

DATE

9-13-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

dea

*See Instructions on Reverse Side