

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.

43

10. FIELD AND POOL, OR WILDCAT

Hospah South (Upper San)

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

Sec 11, T7N R9W

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, 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 re-perforate 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 suspender.
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

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

P. I. McGRATH

DISTRICT ENGINEER

*See Instructions on Reverse Side

