

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
GEOLOGICAL SURVEY

PROPERTY NUMBER NO. 42-214
5. LEASE DESIGNATION AND SERIAL NO.
NM 081208 8269
6. IF INDIAN, ALLIANCE 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.)

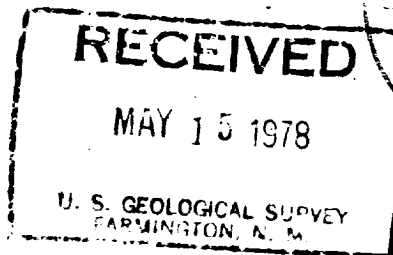
1. ☒ OIL WELL ☒ GAS WELL ☐ OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME LOWER HOSPAN
3. ADDRESS OF OPERATOR 720 So. Colorado Blvd., Denver, Colorado 80222	9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL and 330' FEL, Unit A	10. FIELD AND POOL, OR WILDCAT SOUTH HOSPAN
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12 SEC 6, T17N, R9W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6953' KB	12. COUNTY OR PARISH MCKINLEY
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☒	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(Other) PERFORATE		(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 and 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.)

1. MIRUPU
2. PULL RODS, PUMP & TBG
3. PERFORATE 1582-1600' (Lower Hospah)
4. RUN TBG, RODS & 2 1/4" PUMP
5. TEST WELL
6. INSTALL LARGER LIFT EQUIP AS REQUIRED



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

SIGNED A. W. Myers TITLE Div. Production Manager DATE 5-9-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Ok

W M D. C. C.