

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(Other instructions on reverse side)

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		5. LEASE DESIGNATION AND AERIAL NO. NM - 8269
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLIANCE OR TRIBE NAME
3. ADDRESS OF OPERATOR 720 So. Colorado Blvd., Denver, Colorado 80222		7. UNIT AGREEMENT NAME
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		8. FARM OR LEASE NAME LOWER HOSPAH
		9. WELL NO. 6
		10. FIELD AND POOL, OR WILDCAT SOUTH HOSPAH
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 12 T17N, R9W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6953' KB	12. COUNTY OR PARISH McKinley
		13. STATE NM

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

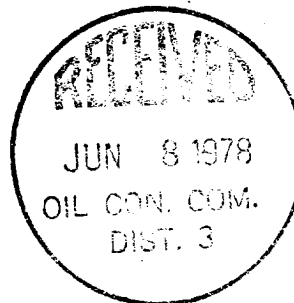
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	FULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other)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

MIRPUP. PERF'D LOWER HOSPAH 1582 - 1600 w/ 4 JSPF. AN ADDITIONAL 18' OF PAY (1582 - 1600). TOTAL PAY OPEN 69%. RAN PUMP & 2 7/8" TBG. SET TBG @ 1571' KB. HUNG WELL ON.

BEFORE WORK: 13 BOPD, 149 BWPD

AFTER WORK : 18 BOPD, 354 BWPD



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

SIGNED Carley Statton TITLE Administrative Supervisor DATE 5/26/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: